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SLORETARY OF STATE

K. SALY NOV 17 2016

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Davenpart'S Bistro & BAR (Name of Limited Liability Company)						
(Name of Limited Liability Company)						
The enclosed Articles of Dissolution and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Joel Rodriguez						
(Name of Person)						
(Firm/Company)						
3120 Huntwicke BIVD						
Daven port, FL 33837 (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Joel Rodrigue Z at (863), 604 3182 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						

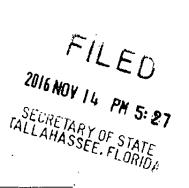
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



						TEAHASSE
1. The name of a limited liabili	n Part 'S	Bistra	\$BO	ır		
2. The Articles of Organization	were filed on _	Decembe	(,5)	2014 a	nd assi	gned
document number	1000 1864	52				
3. The delayed effective date the (effective Note: If the date inserted in the listed as the document's effect	date cannot be prior to his block does not re	o or more than 90 neet the applicab	days later the le statutor	nan date doc		
4. A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the	e limited liabil back cover let	ity compa ter).	any's disso	olution	pursuant to section
Oid not	Find a	Space	to	apen	a	restaurant,
5. If there are no members, enter	er the name and a	ddress of the p	erson app	ointed to v	wind up	the company's
activities and affairs:		0 1			<u> </u>	
		Roding				
	3120	Hunte	ocke	BIV	0	
	Daver	port,	FL	3383	7	
 Signature of an authorized p listed above to wind up the com 	erson or if there a pany's activities	re no members and affairs:	, the sign	ature of th	e perso	n appointed and
H	7		Tool	Pad	ادرم،	.a.?
Signature			1001	Printed N	ame	MC C

FILING FEE: \$25.00