

L14000196367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

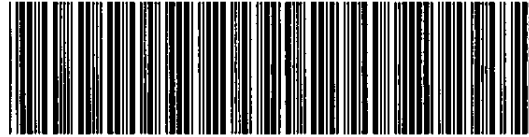
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR - 3 PM 3:48

C.L.
4-20-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boba Love Tea, LLC.
(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:

Cheryl L. Lynne
(Name of Person)

Boba Love Tea, LLC.
(Firm/Company)

11395 Lakewood Drive
(Address)

Coral Springs, FL 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl L. Lynne at (239) 298-3794
(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. The name of a limited liability company is

Boba Love Tea, LLC.

15 APR -3 PM 3:48

2. The Articles of Organization were filed on December 30, 2014 and assigned

document number L14000196367

3. The delayed effective date the dissolution if not effective on the date of filing: ASAP
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Event Causing dissolution:
The consent of all the members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Cheryl L. Lynne
11395 Lakeview Dr
Coral Springs, FL 33071

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Cheryl L. Lynne
Signature

Cheryl L. Lynne
Printed Name

FILING FEE: \$25.00