

LI50000 19588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

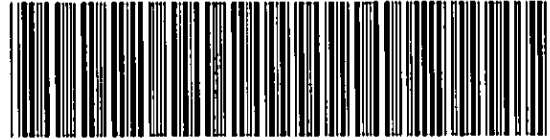
(Business Entity Name)

(Document Number)

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06/15/20--01009--028 \*\*25.00

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CLERK OF STATE  
OFFICE OF CORPORATIONS  
20 JUN 15 PM 4:05

*Dissolution*

JUL 30 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medallion Ventures Restaurant Group, 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:

Aline A. Perrone

\_\_\_\_\_  
(Name of Person)

Medallion Ventures Restaurant Group, LLC

\_\_\_\_\_  
(Firm/Company)

4201 W. Cypress St.

\_\_\_\_\_  
(Address)

Tampa, FL 33607

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aline A Perrone

\_\_\_\_\_  
(Name of Person)

813

854-2211

at (

\_\_\_\_\_) \_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Medallion Ventures Restaurant Group, LLC

2. The Articles of Organization were filed on 05/20/2015 and assigned  
document number L15000019588

3. The delayed effective date the dissolution if not effective on the date of filing: 06/10/2020  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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).

Closed business

Closed business

Closed business

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

4201 W. Cypress St.

Tampa, FL 33607

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:



Signature

Eric A Schoessler

Printed Name

**FILING FEE: \$25.00**

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