

L15000022461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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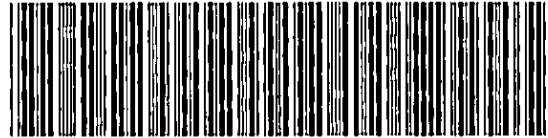
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F.D. LA CAFFE CREPERIE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

MR. KONSTANTINOS CHILIAS

(Name of Person)

F.D. LA CAFFE CREPERIE, LLC

(Firm Company)

2019 E. 5TH AVENUE

(Address)

TAMPA, FLORIDA 33605

(City State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KONSTANTINOS CHILIAS

(Name of Person)

at (727) 459-6546

(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**

1. The name of a limited liability company is

ED. LA CAFFE CUPFERRIE, LLC

2. The Articles of Organization were filed on FEBRUARY 5, 2015 and assigned

document number L15000022461

3. The delayed effective date the dissolution if not effective on the date of filing X
(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).

THE BUSINESS CLOSED SEPTEMBER 28, 2018

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

2019 E 5TH AVENUE

TAMPA, FLORIDA 33605

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

X Konstantinos CHILIAS
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

NOTE: This page is optional

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Document number of Limited Liability Company is: L15000022461

Date of dissolution was: September 22, 2012


THE BUSINESS CLOSED ON SEPTEMBER 28, 2018.

2019 E. 5TH AVENUE
TAMPA, FLORIDA 33605

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

KONSTANTINOS CHILIAS

X 
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00