

L15000023872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

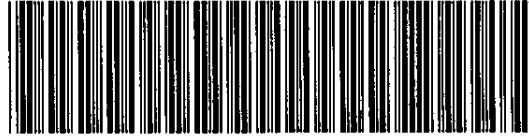
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

15 MAR -5 PM 1:15

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MAR 24 2015

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fantasy Treasure Bouquet 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:

John DiMaria
(Name of Person)

Fantasy Treasure Bouquet
(Firm/Company)

2517 Santa Barbara Blvd. #9
(Address)

Cape Coral, Fl. 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

John DiMaria at 239 823-5954
(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**

1. The name of a limited liability company is
Fantasy Treasure Bouquet LLC

2. The Articles of Organization were filed on 02/09/2015 and assigned
document number L15000023872

3. The delayed effective date the dissolution if not effective on the date of filing: 02/25/2015
(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).
LLC was accidentally formed twice. Dissolving the one that was made in error.

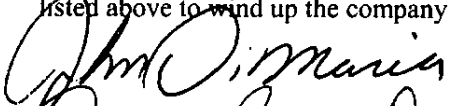

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: John DiMaria
2801 S.W. 29th Ct.
Cape Coral, Fl. 33914

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

JOHN DIMARIA
Juanita Rosado DiMaria
Printed Name

FILING FEE: \$25.00