

L150000 45824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

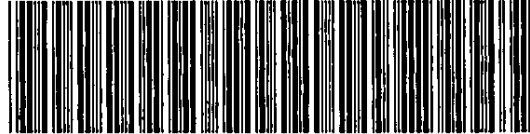
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900283794609

03/28/16- -01044--026 \*\*25.00

FILED  
16 MAR 28 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 29 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SODA PURA VIDA, 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:

JARED BROCK  
(Name of Person)

SODA PURA VIDA LLC  
(Firm/Company)

2194 MAIN ST. UNIT F  
(Address)

DUNEDIN FL 34698  
(City/State and Zip Code)

For further information concerning this matter, please call:

JARED BROCK at ( 727 ) 214-8257  
(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

SODA PURA VIDA, LLC

2. The Articles of Organization were filed on MARCH 13, 2015 and assigned

document number L15000045824

3. The delayed effective date the dissolution is not effective on the date of filing: MARCH 17, 2016  
(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 RESTAURANT WAS NOT RECEIVING ANY  
CUSTOMERS, AND WE COULD NOT PAY THE  
BILLS.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Jared Brock  
Signature

JARED BROCK  
Printed Name

**FILING FEE: \$25.00**

FILED  
16 MAR 28 PM 3:04  
SECRETARY OF STATE  
ALLAHACSEE, FLORIDA