L150000 49899

(Re	equestor's Name))
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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J.





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MAR 17 2016 J SHIVERS



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAT THE GO GRILL LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Beeves
(Name of Person)

(Firm/Company)

508 KRES+ DR
(Address)

Clesknew, FL. 32536
(City/State and Zip Code)

For further information concerning this matter, please call:

Muchael A. Reeles at (850) 689-0913 (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 ON THE GO GRILL LLC.		
2.	2. The Articles of Organization were filed on 14 MARCH 2016 and assigned		
	document number <u>L15000049899</u>		
3.	. The delayed effective date the dissolution if not effective on the date of filing: (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). Lineable to generate additional functional Support and Capital.		
_			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:		
	508 Krest DR		
	Crestucw, FL. 32536		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
<u> </u>	echal A. fleus Michael A. Reeves		

FILING FEE: \$25.00