

L15000053312

(Requestor's Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPICE ROAD CUISINE, 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:

AUGUSTINE MOOSHEDAN
(Name of Person)

SPICE ROAD CUISINE, LLC
(Firm/Company)

19010 FISHERMANS BEND DRIVE
(Address)

LUTZ FL 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

AUGGIE MOOSHEDAN at 813 618 2157
(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

SPICE ROAD CUISINE, LLC

2. The Articles of Organization were filed on 3/25/2015 and assigned

document number L15000053312

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).

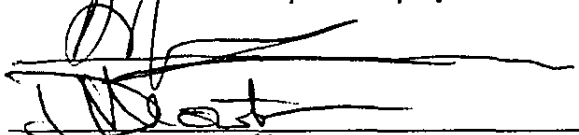
I SET UP THE BUSINESS THIS PAST YEAR WHEN I
LEFT MY JOB. I NEVER DID ANYTHING WITH IT, GOT
HIRED WITH ANOTHER COMPANY. I AM CURRENTLY
WORKING AND WOULD LIKE TO CLOSE THIS UP.

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

AUGUSTINE MODIHEDAN

DAWN MODIHEDAN

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

AUGUSTINE MODIHEDAN
DAWN MODIHEDAN
Printed Name

FILING FEE: \$25.00

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CLERK OF THE COURT
HONOLULU, HAWAII