# L1500059328

(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:





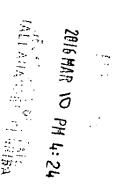
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## COVER LETTER "

TO:

Registration Section

Division of Corporations

Solovzanos Late Night Pizzeria, LLC

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

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Philip Soloryano at (201) 8198630 (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 co	mpany is
Solorganos hi	ate Night Pizzeria LLC
2. The Articles of Organization were	e filed on 4/3/2015 and assigned
document number L 1500	00 59228
Note: If the date inserted in this blo	assolution if not effective on the date of filing:  annot be prior to or more than 90 days later than date document is received for filing)  book does not meet the applicable statutory filing requirements, this date will not be  ate on the Department of State's records.
4. A description of occurrence that r 605.0707, Florida Statutes, (copy	resulted in the limited liability company's dissolution pursuant to section 605.0707 on back cover letter).
Duplication	of Registration on under document #
Doind parine	on under document the
L150000	64757 - Same company
5. If there are no members, enter the	e name and address of the person appointed to wind up the company's
•	Philip Solorgano, Member
	6670 Superior Aus
<del></del> -	_
<del></del>	Sarasota, Fl 34231-5838
<ol><li>Signature of an authorized person listed above to wind up the company</li></ol>	n or if there are no members, the signature of the person appointed and 's activities and affairs:
X MASS	Philip Solorzano
Signature	Printed Name
<b>,</b>	FILING FEE: \$25.00
	to an analysis and a second
r	lorios Dept. of State 10810
_	

# **Notice of Limited Liability Company Dissolution**

### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

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

Name of Limited Liability Company: Solonzanos Latz Night Pizzerva L	.10
Document number of Limited Liability Company is: L 15000059228	_
Date of dissolution was: 3/10/ 2016	
Description of information that must be included in a written claim:	
Duplication of registration	<u>-</u>
	- -
e-5 	- 
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	NEED OF
6670 Superior Avo TA T	
6670 Superior Ave FF P D Sarasota, Fl. 34231-5838	
A claim against the above named limited liability company will be barred unless a proceeding to enforce claim is commenced within 4 years after the filing of this notice.	the
Philip Solorzanc  Printed Name of the Person Filing  Signature of the Person Filing	<u>-</u> _
Printed Name of the Person Filing Signature of the Person Filing	_

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