L15000 125054

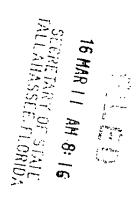
(F	Requestor's Name)			
(<i>f</i>	Address)			
(A	Address)			
(0	City/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(E	Business Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SHE IFCT.

ALOHA TO GO II, 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:

Ronald W. Gregory, II

(Name of Person)

Gregory Law Firm, PL

(Firm/Company)

3801 Park Street North, Suite #4

(Address)

St. Petersburg, FL 33709

(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Gregory

374-9200

(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.	·		
2.	The Articles of Organization were filed on	07/20/2015	_ and assigned
	document number L15000125054		
3.	The delayed effective date the dissolution (effective date cannot be pri Note: If the date inserted in this block does no listed as the document's effective date on the I	ot meet the applicable statutory filing t	
4.	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 Unanimous vote of Members.	on back cover letter).	·
		,	
5.	If there are no members, enter the name ar	nd address of the person appointed	to wind up the company's
	activities and affairs:		TORE L
			II AH AB:
6. lis	Signature of an authorized person or if the sted above to wind up the company's activity	ere are no members, the signature of	of the person appointed and
	April	Jennifer Byrd	
Signature Printed Name		d Name	

FILING FEE: \$25.00

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: ALOHA TO GO II, LLC

Document number of Limited Liability Company is: L15000125054

Date of dissolution was: March 7, 2016

Description of information that must be included in a written claim:

The full name and any aliases of the party making the claim. The date of the alleged Claim. The party with whom the claimaint communicated, including the person name. The facts surrounding the claim. State whether or not the claim is based on a writting.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ALOHA TO GO II, LLC

c/o Jennifer Byrd

16318 Byrnwyck Lane

Odessa, FL 33565

6 MAR I I AM 8: 16 GRETARY OF STATE LATTASSEE FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jennifer Byrd

Printed Name of the Person Filing

grature of the Person Filing

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