## 115000133551

| (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:  WOUS Form |  |
|  |  |
|  |  |
|  |  |

Office Use Only



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S. WARREN JUL 27 2017



April 10, 2017

SHAJI T JOSEPH 1910 W. BUSCH BLVD TAMPA, FL 33612

SUBJECT: F864SPRINGBRGS LLC

Ref. Number: L15000133551

We have received your document for F864SPRINGBRGS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 217A00006893

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

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## **COVER LETTER**

| TO: Amendment Section  |   |
|--|---|
| Division of Corporations                                       |   |
| SUBJECT: DISSOLUTION OF F864SPRINGE                            | BRGS LLC  |
| DOCUMENT NUMBER: L15000133551                                  |   |
| The enclosed Articles of Dissolution and t                     | fee are submitted for filing.   |
| Please return all correspondence concernin                     | ng this matter to the following:  |
| SHAJI T JOSEPH   |   |
| (Name of   | Contact Person)   |
| WOW BURGERS LLC  |   |
| (Fin   | m/Company)  |
| 1910 W BUSCH BLVD  |   |
| (A   | (ddress)  |
| TAMPA, FL 33612  |   |
| (City/Sta  | ate and Zip Code)   |
| For further information concerning this ma                     | atter, please call:   |
| SHAJI T JOSEPH   | at (at (  |
| (Name of Contact Person)                                       | (Area Code) (Daytime Telephone Number)  |
| Enclosed is a check for the following amou                     | unt:  |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | ■ \$43.75 Filing Fee & □ \$52.50 Filing Fee.  Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee.  Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:   | STREET ADDRESS:   |
| Amendment Section Division of Corporations                     | Amendment Section Division of Corporations  |
| P.O. Box 6327  | Clifton Building  |
| Tallahassee, FL 32314  | 2661 Executive Center Circle  |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| ١.                                   | The name of a limited liability company is   |  |
|--------------------------------------|--|--|
| 2.                                   | The Articles of Organization were filed on 8 5 15 and assigned   |  |
|                                      | document number <u>L15000133551</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).   |  |
|                                      | NOT in Operation. F864 Springbogs LLC is   |  |
|                                      | a woong Name.  |  |
|                                      | $\mathcal J$   |  |
|                                      | •  |  |
| 5.                                   | If there are no members, enter the name and address of the person appointed to wind up the company's   |  |
| activities and affairs: SHAJ, JOSEPH |  |  |
|                                      | 1910 W BUSCH BLVD  |  |
|                                      | Tampa · FL 33612.  |  |
| 6.<br>lis                            | Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:  |  |
|                                      | SHAD DESIGNATION =   |  |
|                                      | Signature Printed Name FILING FEE: \$25.00   |  |
|                                      | PH 12:   |  |