

L1500013SSSO

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

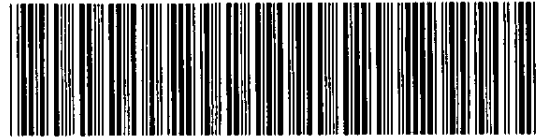
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/15--01007--008 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 12 P 3:14

FILED

OCT 13 2015

S MASON

Law Office of Frederic E. Waczewski, P.A.

October 13, 2015

Sent via email to Stacey.mason@dos.myflorida.com

Stacey Mason, Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Cold Surprise, LLC; L15000135550

Dear Ms. Mason:

Pursuant to your letter dated October 2, 2015, I am requesting a refund for overpayment in the amount of \$10.00. Please find enclosed with this correspondence a copy of the aforementioned letter for your review.

If you have any questions, please contact my office at the number

Sincerely,

Frederic E. Waczewski

Frederic E. Waczewski, Esq.

FEW/krr
ENCLOSURE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2015

LUISA B. CAETANO
4988 MILLENIA GREEN DRIVE
ORLANDO, FL 32811

SUBJECT: COLD SURPRISE L.L.C.
Ref. Number: L15000135550

We have received your document for COLD SURPRISE L.L.C. and your check(s) totaling \$35.00. 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).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 915A00020906

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: cold surprise, 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:

Luisa B. CAETANO
(Name of Person)

(Firm/Company)

4988 MILLENNIA GREEN Drive
(Address)

Orlando, FL 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

Luisa B. CAETANO at (_____) _____
(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

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: Cold Surprise, LLC

Document number of Limited Liability Company is: L15000135550

Date of dissolution was: 10/2/15

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

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

Luisa B. Caetano
4988 Millenia Green Drive
Orlando, FL 32811

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.

Maria Luisa Barduzi Caetano
Printed Name of the Person Filing

MARIA LUISA BARDUZZI (CAETANO)
Signature of the Person Filing

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

2015 OCT 12 P 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

cold surprise, LLC

2. The Articles of Organization were filed on 8/7/15 and assigned

document number L15000135550

3. The delayed effective date the dissolution if not effective on the date of filing: 10/2/15
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

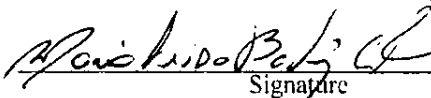
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The business never started and decided
to close.

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

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

MARIA LUISA BARDUZI CARCANO
Printed Name

FILING FEE: \$25.00

FILED
2015 OCT 12 P 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA