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COVER LETTER

TO:

Registration Section Division of Corporations

HEALTHY EATS CATERING, LLC

SUBJECT:

(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:

JUAN PABLO GALLO

(Name of Person)

HEALTHY EATS CATERING, LLC

(Firm/Company)

16138 NW 22ND ST

(Address)

PEMBROKE PINES, FL 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE GALLO, CPA

786

525-1035

(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 liabil HEALTHY EATS CATERIN	• •		
2. The Articles of Organizatio	n were filed on <u>01-06-201</u>	6	and assigned
document number L1600000)4367	_	
3. The delayed effective date to deffective Note: If the date inserted in the listed as the document's effective date.	his block does not meet the	applicable statutory til	Tling: 02/22/2017 date document is received for filing) ling requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes, (LIMITED LIABILITY COMP	(copy 605.0707 on back c	cover letter).	's dissolution pursuant to section
CANNOT OPERATE THE BU	JSINESS		7
			FEB 2
			P
5. If there are no members, en activities and affairs:		• • • •	nted to wind up the company's EMBROKE PINES, FL 33028
6. Signature of an authorized plisted above to wind up the cor	person or if there are no rapany's activities and aff	nembers, the signatu	re of the person appointed and
Luan 2	Jalla	JUAN GALLO `	
Signature	FILING F	Pri EE: \$25.00	inted Name