

116000025217

(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:

Office Use Only



400311696894

04/19/18--01004--014 \*\*25.00

FILED

18 APR 19 PM 1:48

SECRETARY OF STATE  
MAIL ROOM RECEIVED

K. SALY

APR 20 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Premier Row Cafe 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:

Annice Reaves

(Name of Person)

(Firm/Company)

3508 Marston Dr

(Address)

Orlando FL 32812

(City/State and Zip Code)

For further information concerning this matter, please call:

Annice Reaves

(Name of Person)

at 817 705-3499

(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**

**FILED**  
18 APR 19 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Premier Row Cafe LLC

2. The Articles of Organization were filed on 02/03/2016 and assigned

document number L16000025217

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017

(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).

Private Cafe, Business closed, lost lease on June 30, 2017

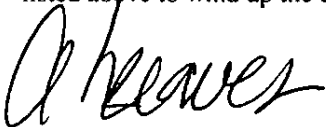
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Annicke Reaves

3508 Marston

Orlando, FL 32812

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



Annicke Reaves

Printed Name

**FILING FEE: \$25.00**