116000060431

(F	Requestor's Name)			
(A	Address)			
	Address)			
0)	Dity/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	EPPECTIVE DATE			

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Above The Salt,	LLC I Liability Company)
(Name of Emiliee	Telaoniny Company)
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	ne following:
Sonia Pias	ecki
(Name	e of Person)
	18 14:00 14:00 14:00
(Firm	VCompany)
·	ASS ASS
8309 Lago	Vista Dr.
U (A	Address) F. 3. 3. 3. 6. 1. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
Tampa Fl	33614 Print 22 Print 24 Print 24 Print 24 Print 25 Print
(City/Stat	e and Zip Code)
For further information concerning this matter, please call:	
Sonia Piasecki	at (813) 933-8977
(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)
	emperacoupies apprece.
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations	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

1.	The name of a limited liability company is	
	Above the Salt, LLC	
2.	The Articles of Organization were filed on $03/25/2016$ and assigned	
	document number <u>L16000060431</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 12-01-2018 (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 b listed as the document's effective date on the Department of State's records.	e
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). Out of business (closed) 1-31-2018	7 -
	FLO	Ö
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Sonia Piasecki	
	8309 Lago Vista Dr	
	Tampa, Fl. 33614	
6 li	. Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs:	
	Sonia Prasecki Signature Sonia Prasecki Printed Name	

7

FILING FEE: \$25.00