## 1/6000076260

(Requestor's	: Name)			
(Address)				
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(Document Number)				
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18 JAN 23 PH 2: 47

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## COVER LETTER

	ntion Section n of Corporations				
SUBJECT:	ABBYS	KITCHEN	oF	SA RASOT A	LLC
		(Name of Limited	Liability Con	aban'y)	
The enclosed Ai	ticles of Dissolution an	id fee(s) are submitted	for filing.		
Please return all	correspondence concer	rning this matter to the	following:		
	A	LDO C	5ı	IRD O	
		(Name o	f Person)		<del></del>
		(Firm/C	ompany)		
	45 39	WeBBE	e st	_	
		ίΛdσ	dress)		
	SATUS	ot A FL		34232	
		(City/State a	nd Zip Code)		
For further infor	mution concerning this	matter, please call:			
<u></u>	Aldo Sul	200	at ( 94	1 999 – a Code & Daytime Telephon	7146
	(Name of Per	son)	(Aic	a Code & Daytime Telephon	e Number)
Enclosed is a chec	k for the following amou	nt.			
S25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	MAILING ADD	RESS:		reet/courier /	ADDRESS:
	Registration Secti		Registration Section		
Division of Corporations P.O. Box 6327 Tallabassoe, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

DIVISION OF COMPONITIONS

18 JAN 23 PM 2:1

1. The name of a limited liability company is	of sanasta 110
ABBYS Kitchen	of SanasofA LLC
The Articles of Organization were filed on	•
document number <u>L16 0000 7626</u>	<u>, o</u>
3. The delayed effective date the dissolution if no (effective date cannot be prior to Note: If the date inserted in this block does not me listed as the document's effective date on the Depart	of effective on the date of filing: 10-3/- 2017 or more than 90 days later than date document is received for filing) neet the applicable statutory filing requirements, this date will not be arriment of State's records.
405 0707 Elocido Statutos Joany 605 0707 on	timited liability company's dissolution pursuant to section back cover letter).  FS and expensives were
more than in come, the	refore business vot meking
	/
If there are no members, enter the name and adactivities and affairs:	ldress of the person appointed to wind up the company's
<del></del>	
6. Signature of an authorized person or if there are listed above to wind up the company's activities a	re no members, the signature of the person appointed and and affairs:
MCA.	Aldo C. Surdo
Signature	Printed Name

**FILING FEE: \$25.00**