

L16000189161

\_\_\_\_\_  
(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:

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RECEIVED  
DEPARTMENT OF STATE  
18 MAR 27 AM 11:05

K. SALY  
MAR 28 2018

FILED  
18 MAR 27 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 131027 7732494

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 23, 2018

ORDER TIME : 9:32 AM

ORDER NO. : 131027-005

CUSTOMER NO: 7732494

DOMESTIC FILINGS

NAME: AREAS TASTES HP JV, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AREAS TASTES HP JV, 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:

Arevis Piedra

(Name of Person)

Areas

(Firm/Company)

5301 Blu Lagoon Dr. #690

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Arevis Piedra

(Name of Person)

at ( 305 ) 267.8510

(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 MAR 27 AM 7:54**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
AREAS TASTES HP JV, LLC

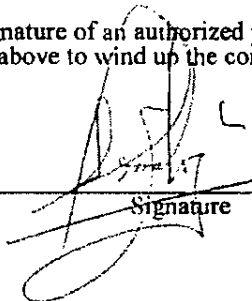
2. The Articles of Organization were filed on October 12, 2016 and assigned  
document number L16000189161

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).  
no longer in operation

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

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

Jose Alberto Serratos

Printed Name

**FILING FEE: \$25.00**