

LI6000 207988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

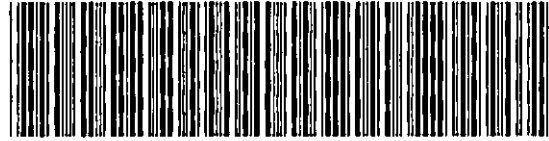
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019-30 11:50

R. WHITE
JAN 09 2020

COVER LETTER

FEI/EIN # 81-449087

TO: Registration Section
Division of Corporations

SUBJECT: Gluten Free Delights FL 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:

Kristy Luschen
(Name of Person)

(Firm/Company)

237 Mulberry St.
(Address)

Jacksonville, FL 32208-4009
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristy Luschen at (904) 531-5134
(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

2019 OCT 30 AM 11:50

1. The name of a limited liability company is

Gluten Free Delights FL LLC

2. The Articles of Organization were filed on 11-11-2016 ? and assigned

document number ?

3. The delayed effective date the dissolution if no effective on the date of filing ^{- yes}
(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).

not making a profit

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

Kristy Luschen

237 Mulberry St.

Jacksonville, FL 32208

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:

Kristy M Luschen
Signature

Kristy M. Luschen
Printed Name

FILING FEE: \$25.00