# 16000230602

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Öo	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500312763925

05/03/18--01011--027 \*\*25.00



#### **COVER LETTER**

Division of Corporations	
SUBJECT: LE Macaron Square Mall SRRUCE (Name of Limited Liability Company)	
(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:	
: 1	
Veronique Moussier (Name of Person)	
U (Name of Person)	
Le Macaron Confectionary (10	
(Firm/Company)	
2300 Bee Ridge Rd Ste 403 V (Address)	
Sarasoda, FL 34239 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Esina Gura at (941) 312.4408 (Name of Person) (Area Code & Daytime Telephone Number)	
(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:**

TO:

Registration Section

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

1.	1. The name of a limited liability company is		
	Le Macaron Square mall SRR. LLC.		
2.	The Articles of Organization were filed on $\frac{12 / 22 / 2016}{}$ and assigned		
	document number L16000230602		
3.	The delayed effective date the dissolution if not effective on the date of filing:		
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).		
	The business did not successfully open		
	## # # # # # # # # # # # # # # # # # #		
	7. PH 1		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs: Fring Guille		
	Le Macaron Confectionary MC		
	2300 Bee Ridge Rd Ste 403		
	Sarasota, 71 34239		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
_	Lyux Ering Gura Signature Printed Name		

FILING FEE: \$25.00