

L17000010057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

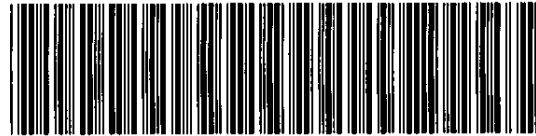
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900297721199

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04/17/17--01005--012 \*\*55.00

FILED  
2017 APR 17 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
RECEIVED  
DEPARTMENT OF STATE  
17 APR 17 PM 12:39

M. MILLIGAN

APR 17 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: La Cabana Del Amigo 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:

Armando Contreras  
(Name of Person)

La Cabana Del Amigo LLC  
(Firm/Company)

2207 Bannerman RD.  
(Address)

Tallahassee, FL 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Armando Contreras at ( 850 ) 264-6697  
(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

FILED  
2017 APR 17 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

La Cabana Del Amigo LLC

2. The Articles of Organization were filed on 01/18/17 and assigned

document number L17000010057

3. The delayed effective date the dissolution if not effective on the date of filing: 04/14/17  
(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).

The owners didn't come to an agreement  
about the business.

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

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:

Samuel Jimenez

Signature

Samuel Jimenez

Printed Name

FILING FEE: \$25.00