

L17000074 161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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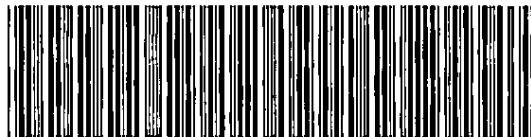
(Business Entity Name)

(Document Number)

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PALM BEACH, FLORIDA

S. WARREN

JUL 18 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOT SWEETS, L.L.C.  
(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:

AILEEN CRUZ LA ROSSA

(Name of Person)

(Firm/Company)

10860 S.W. 67th DR

(Address)

MIAMI FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

AILEEN CRUZ LA ROSSA

(Name of Person)

at ( 305 ) 904-7354

(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**

1. The name of a limited liability company is

GOT SWEETS, L.L.C.

2. The Articles of Organization were filed on 4/3/2017 and assigned

document number L17000074161

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).

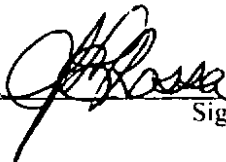
I, AILEEN CRUZ LA ROSSA, BEING THE SOLE MEMBER OF THIS  
ENTITY CONSENT TO THE DISSOLUTION DUE TO CURRENT  
FAMILY HARDSHIP IN WHICH I MUST NOW CARE FOR MY  
FATHER. FULL TIME.

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

10860 S.W. 67TH DR

MIAMI FL 33173

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

AILEEN CRUZ LA ROSSA

Printed Name

FILING FEE: \$25.00

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA