

Florida Department of State
Division of Corporations
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L17000090209

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

LLC DISSOLUTION OR WITHDRAWAL
NO NAME RESTAURANT GROUP, LLC

Certificate of Status	0
Certified Copy	1
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2022 APR 28 PM 12:33

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**ARTICLES OF DISSOLUTION
OF
NO NAME RESTAURANT GROUP, LLC**

Pursuant to Section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

FIRST: The name of the limited liability company as currently filed with the Florida Department of State is No Name Restaurant Group, LLC. (the "Company").

SECOND: The Articles of Organization of the Company were filed on April 21, 2017 and the document number of the Company is L17000090209.

THIRD: The dissolution of the Company was unanimously approved and authorized by action by the members holding the requisite voting power to cause the dissolution of the Company.

FOURTH: The effective date of dissolution of the Company shall be the date these Articles of Dissolution are filed with the Florida Department of State.

NO NAME RESTAURANT GROUP, LLC

By: Inglesea Capital, LLC

Its: Manager

By: 

Name: Kerin McCarthy Fredman

Title: Manager

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Notice of Limited Liability Company Dissolution

This notice is submitted by No Name Restaurant Group, LLC (the "Company") for resolution of payment of unknown claims against the Company as provided in Section 605.0712, F.S.

The Company is the subject of dissolution and the effective date of its dissolution shall be the date of filing the Articles of Dissolution with the Florida Department of State on April 28, 2022.

Any claim must be in writing and include the following information:

- (a) Name of claimant;
- (b) Mailing Address and other contact information of claimant;
- (c) Brief Description and basis for the claim;
- (d) All supporting documentation for the claim;
- (e) Description of the relief requested and, if such relief is monetary, then the amount of the relief requested.

Mailing address where written claims can be sent:

PKF O'Connor Davies Family Office
500 Mamaroneck Avenue, Suite 301
Harrison, NY 10528
Attn: Christian Tannure

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the date of filing of this notice as authorized by s 605.0712, F.S.