1.17000096333

| (Re | equestor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | · | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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2017 JUN -5 PR 4: 33
SECRETARY OF STATE
SECRETARY OF STATE

K. SALY JUN - 6 2017

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

Three Sweets, 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:

| Christopher E. Knight, Sr. (Name of Person) | | | |
|--|-------|--|--|
| | | | |
| 14434 Alistar Manor Drive | | | |
| (Address) | | | |
| Wimauma, Florida 33598 | | | |
| (City/State and Zip Code) | ····· | | |

For further information concerning this matter, please call:

Christopher E. Knight, Sr.

813

731-5638

(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

2017 JUN-5 PM 4: 34

TALLAHASSEE, FLORIDA

| 1. | Three Sweets, LLC | ity company is | TALLAHARYOF | | |
|--|---|--|---------------------------------------|--|--|
| | | <u> </u> | TALLAHASSEE FLO | | |
| 2. | The Articles of Organizatio | n were filed on May 01, 2017 | and assigned | | |
| | document number L170000 | 96333 | | | |
| 3. | Note: If the date inserted in t | ate the dissolution if not effective on the date of filing: Lective date cannot be prior to or more than 90 days later than date document is received for filing) In this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records. | | | |
| 4. | A description of occurrence 605.0707, Florida Statutes, | that resulted in the limited liability comp (copy 605.0707 on back cover letter). | any's dissolution pursuant to section | | |
| Difference in views and direction of the business. | | | | | |
| 5. | If there are no members, en | ter the name and address of the person app Christopher E. Knight, Sr. | pointed to wind up the company's | | |
| 14434 Alistar Manor Drive Wimauma, Florida 33598 | | | | | |
| | | | | | |
| | | 813 731-5638 | | | |
| 6. lis | Signature of an authorized pated above to wind up the cor | person or if there are no members, the sign npany's activities and affairs: | nature of the person appointed and | | |
| | 355 | Christo | Ther E. Knight, Sn Printed Name | | |
| _ | Signature | , | Printed Name / / | | |

FILING FEE: \$25.00