

47000098607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

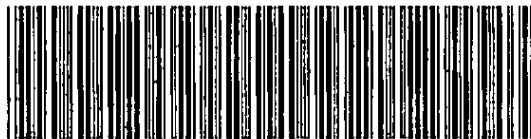
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500311046775

03/29/18--01007--001 **25.00

FILED
2018 MAR 29 A 10:20
TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOBE SOUND COFFEE ROASTERS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANICE S BRAKE
Name of Person

Firm/Company

8453 SE BANYAN TREE ST.
Address

HOBE SOUND, FL 33455
City/State and Zip Code

GOODOMENS SP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANICE S. BRAKE at (561) 284-2890
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2018 MAR 29 A 10:20
TALLAHASSEE, FLORIDA

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: HOBE SOUND COFFEE ROASTERS, LLC

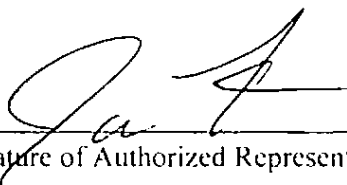
SECOND: The Florida Document number of the limited liability company is: L17000098607

THIRD: The date of filing of the initial articles of organization is: MAY 3, 2017

FOURTH: The date of filing of the dissolution is: NOVEMBER 20, 2017

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

FILED
2016 FEB 29 A 10:24
CLERK OF CIRCUIT COURT
HALL COUNTY, FLORIDA


Signature of Authorized Representative

JANICE S. BROKE
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)