

47000098607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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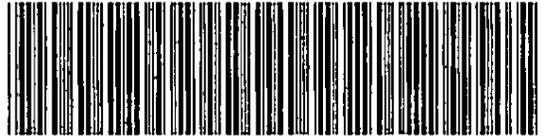
(Business Entity Name)

(Document Number)

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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

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**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

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.

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[Signature]  
Signature of Authorized Representative

JANICE S. BROKE  
Typed or printed name of signature

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