3/13/23 L:06 PM

Division of Corporations

# Florida Department of State Division of Comparations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC

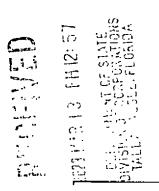
Account Number : I20190000062 Phone

: (239)850-9451

Fax Number

: (866)929-0535

### LLC DISSOLUTION OR WITHDRAWAL SALAD DE MANA, LLC



| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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## (H230000951823)

#### **COVER LETTER**

| TU: | Registration Section     |
|-----|--------------------------|
|     | Division of Corporations |

| SUBJECT: SALAI   | D DE MANA, LLC                           |  |  |
|--|--|--|--|
| DOCUMENT NU  | MBER:                                    |  |  |
| The enclosed Notice  | e of Limited Liability (                 | Company Dissolution an   | d fee are submitted for filing.                              |
| Please return all co   | respondence concerning                   | this matter to the followi   | ing:   |
| TODD BROOKS  |  |  |  |
|  | (Name of (                               | Contact Person)  |  |
| SALDA DE MANA, I   | TC                                       |  |  |
|  | (Firm                                    | /Company)  |  |
| 2590 14TH STREET N   | ı  |  |  |
|  | (Ad                                      | ldress)  | ,  |
| NAPLBS, FL 34103   |  |  |  |
|  | (City/Stat                               | e and Zip Code)  |  |
| For further informa  | tion concerning this matt                | ter, please call:  |  |
| TODD BROOKS  |  | at (816 ) 918-   | <b>47</b> 11   |
| (Name of   | Contact Person)                          | (Area Code)  | Daytime Telephone Number)                                    |
| Enclosed is a check  | for the following amour                  | nt:  |  |
| ■\$25 Filing Fee   | □\$30 Filing Fee & Certificate of Status | ☐\$55 Filing Fee & Certified Copy (Additional copy is enclosed)                        | Certificate of Status & Certified                            |
| Mailing Address<br>Registration Sect<br>Division of Corp<br>P.O. Box 6327<br>Tallahassee, FL | cion<br>orations                         | Street Address Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F | ection<br>orporations<br>Tallahassee<br>oe Street, Suite 810 |

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### (H230000951823)

#### Notice of Limited Liability Company Dissolution

This antico is submitted by the dissolved limited liability company samed below for resolution of payment of unknown claims against this limited liability company as provided in a. 605.0712, F.S.

This "Nodes of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Limited Liability Company: SALAD DS MANA, LLC  Document number of Limited Liability Company is: L17000147588 |                |
|--|----------------|
| Date of dissolution was:   |                |
| Description of information that must be included in a written claim;   |                |
| N/A  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  | ***            |
| Mailing address where claims can be sent: (Cizims earnet be sent to the Division of Corp                             | <br>sorations) |
| Madling address where claims can be sent: (Claims cannot be sent to the Division of Con-                             | <u>.</u>       |
|  |                |
|  |                |
|  |                |
|  |                |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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