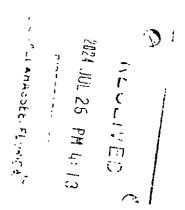
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(Requestor's Name)	
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(City/State/Zip/Phone #	()
PICK-UP WAIT	MAIL MAIL
(Business Entity Name	
(DUSINESS EMMY WATTE	•
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
	HORNE
	J. HOLL
	J. HORNE JUL 29 2024
	J

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:07/	26/2024	
Name:	Patrice Rush	
	2446379	
Entity Name: AN	IOTHER BROKEN	EGG CAFE OF SANDESTIN, LLC
Articles of	Incorporation/Authoriza	ation to Transact Business
Amendme	ent	
Change of	f Agent	
Reinstater	ment	
Conversio	n	
Merger		
✓ Dissolution	n/Withdrawal	
Fictitious I	Name	
✓ Other		CERTIFIED COPY
Authorized Amou	int:\$55.00	
Signature:	(Part	

F: 800.944.6607



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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:07/26/2024				
Name: Patrice Rush				
Reference #:				
Entity Name: ANOTHER BROKEN EGG CAFE OF SANDESTIN, LLC				
Articles of Incorporation/Authorization to Transact Business				
Amendment				
☐ Change of Agent				
Reinstatement				
Conversion				
☐ Merger				
✓ Dissolution/Withdrawal				
Fictitious Name				
✓ Other CERTIFIED COPY				
Authorized Amount: \$55.00				

F: 800.944.6607

F: +852.2682.9790

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	A LIMITED LIABILITY COMPA	ANY Comments
1. The name of a limited lia	bility company is	
Another Broken Egg Caf	e of Sandestin, LLC	ANY ROUTE STATE
2. The Articles of Organizat	ion were filed on October 13, 2017	and assigned
document number L1700	0212614	
Note: If the date inserted in	e the dissolution if not effective on the date ive date cannot be prior to or more than 90 days later in this block does not meet the applicable statute fective date on the Department of State's record	ory filing requirements, this date will not be
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limited liability comps, (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section
Voluntary dissolution	of the limited liability company	
		<del>.</del>
5. If there are no members.	enter the name and address of the person ag	prointed to wind up the company's
activities and affairs: Paul Macaluso		
	5955 T.G. Lee Boulevard, Suite	100
	Orlando, Florida 32822	
6. Signature of an authorize above to wind up the compa-	d person or if there are no members, the signy's activities and affairs:	nature of the person appointed and listed
-DocuSigned by:		
Paul Macaluso	Paul Macalus	
Signature		Printed Name

FILING FEE: \$25.00