

L17000216120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

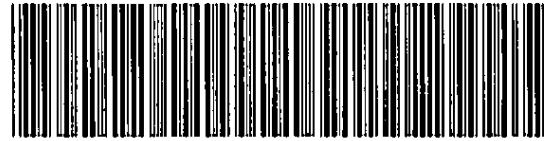
(Business Entity Name)

(Document Number)

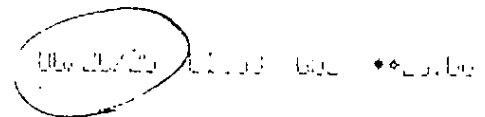
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100346846791



2020 JUN 24 PM 1:55

C. S. SIMMONS

JUL 08 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2020

JULIE HERRING
PO BOX 1106
CROSS CITY, FL 32628

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 220A00011866

2020 JUN 16 PM 2:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cypress Inn Restaurant, 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:

Julie Herring - Ridgeway
(Name of Person)

Cypress Inn Restaurant, LLC
(Firm/Company)

P.O. Box 1106
(Address)

Cross City FL 32628
(City, State and Zip Code)

For further information concerning this matter, please call:

Julie Herring - Ridgeway at (352) 210-1264
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2020 JUL 24 PM 1:55

1. The name of a limited liability company is

Cypress Inn Restaurant, LLC

2. The Articles of Organization were filed on 10/21/2017 and assigned

document number L17000216120

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

On March 28th, 2020 the Governor had all restaurants
close to public on 3/17/2020 for "to go" only - our business
could not go on and I was forced to close and give to
another interested party. Due to Co-Vid 19

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Julie Herring - Ridgeway - owner
PO Box 1106
Cross City FL 32628

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

JH Ridgeway
Signature

Julie Herring-Ridgeway
Printed Name

FILING FEE: \$25.00