

L17000261222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

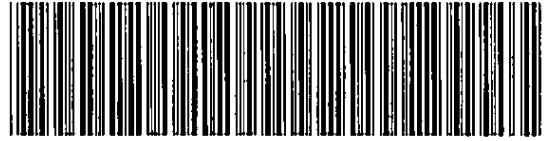
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/21/19--01014--011 **30.00

2019 MAR 21 PM 12:46

2019 MAR 21 PM 12:46
STATE OF FLORIDA
TALLAHASSEE FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glades River Edge 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:

Vicki Del Guercio
(Name of Person)

Glades River Edge Restaurant, LLC
(Firm/Company)

1679 Indian Hills Drive
(Address)

Moore Haven, FL. 33471
(City/State and Zip Code)

For further information concerning this matter, please call:

Vicki Del Guercio at (973) 809-8402
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is

GLADES RIVER Edge RESTAURANT, LLC

2019 MAR 21 PM 12:46

2. The Articles of Organization were filed on

12/26/17

and assigned

document number

117000261222

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).

NOT able to get staff to work in the
area.

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

Vicki Del Guercio

PO Box 254

NUTLEY, NJ. 07110

973 809-8402

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:

Vicki Del Guercio
Signature

Vicki Del Guercio
Printed Name

FILING FEE: \$25.00