

LIB000099894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

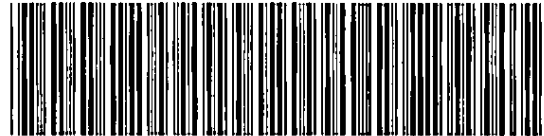
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000319845860

10/24/18--01024--012 \*\*25.00

*Valid w/ not.*

FILED  
18 OCT 24 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BL VORISEK

NOV 06 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Instameals, 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:

Jason W Hess

(Name of Person)

Instameals, LLC

(Firm/Company)

218 SE 26th Terrace

(Address)

Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason W Hess

(Name of Person)

239 992-9096

at (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**

1. The name of a limited liability company is

INSTAMEALS, LLC

2. The Articles of Organization were filed on 04/20/2018 and assigned

document number L18000099894

3. The delayed effective date the dissolution if not effective on the date of filing: 10/5/18  
(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 is not 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).

Business is not sustainable

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

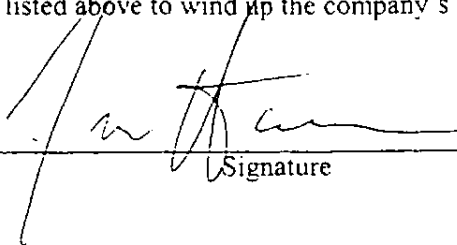
Jason W Hess

218 SE 26th Terrace

Cape Coral, FL 33904

(239) 910-5333

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:



Signature

Jason W Hess

Printed Name

**FILING FEE: \$25.00**

FILED  
18 OCT 24 AM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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

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

Name of Limited Liability Company: INSTAMEALS, LLC

Document number of Limited Liability Company is: L18000099894

Date of dissolution was: 10/1/2018

Description of information that must be included in a written claim:

None

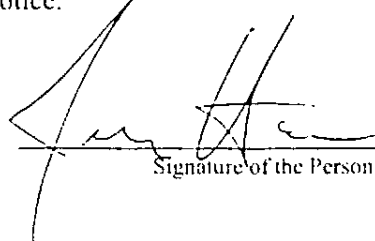
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

218 SE 26th Terrace  
Cape Coral, FL 33904

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jason W. Hess

Printed Name of the Person Filing



Signature of the Person Filing

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