# L18000123664

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## **COVER LETTER**

Division of Corporations
SUBJECT: Done + 5 To Go 1 CCC (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:
Christopher Walentin
Donuts To GOI LLC (Firm/Company)
2061 51
2851 Enterprise (Address)
Debay FC 32713 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
01:11 1/11 == == ========================
Christopha Valentin at (540) 607-8200 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee and Certificate of Dissolution  S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRESS. STREET/COUDIED ADDRESS.

### 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	
	Donuts To Go I LLC	
2.	The Articles of Organization were filed on $\frac{5/17/18}{}$ and assigned	
	document number <u>L18000123664</u>	
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 b listed as the document's effective date on the Department of State's records.	oe .
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).  I gifted the business of Donts high 170	
	my brother on the morth of June 2018 for	
	this Reason I would like to dissolve this Company	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Chrstpher Valenta  4114 Wood Land Circle	
	Deland FC 32724	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
	Signature Christophe Valentin Printed Name	

FILING FEE: \$25.00