

U8000141996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

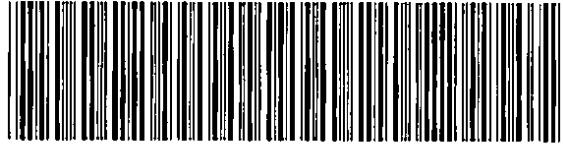
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 10 2022

Office Use Only



500389249605

06/09/22--01006--007 **25.00

FILED RECEIVED
2022 JUN -9 PM 12:21 2022 JUN -9 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Italian Food Online Store LLC

Signature _____

Requested by: SETH

06/09/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

ITALIAN FOOD ONLINE STORE LLC

SUBJECT: _____
(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:

ERIC P. GROS-DUBOIS

(Name of Person)

EPGD ATTORNEYS AT LAW, P.A.

(Firm/Company)

777 SW 37TH AVE SUITE 510

(Address)

MIAMI, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIC P. GROS-DUBOIS

786

837-6787

(Name of Person)

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 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**

1. The name of a limited liability company is
ITALIAN FOOD ONLINE STORE LLC

2. The Articles of Organization were filed on 06/08/2018 and assigned
document number L18000141996

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).

UNANIMOUS CONSENT OF THE MEMBERS

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

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:

Alessandro Clemente

Signature

ALESSANDRO CLEMENTE

Printed Name

FILING FEE: \$25.00

2022 JUN -9 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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.

ITALIAN FOOD ONLINE STORE LLC

Name of Limited Liability Company: _____

L18000141996

Document number of Limited Liability Company is: _____

JUNE 9, 2022

Date of dissolution was: _____

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

THE LEGAL NAME OF ANY CLAIMANT

A REASONABLE DESCRIPTION OF ANY LEGAL CLAIMS AGAINST THE COMPANY

THE REMEDY ANY CLAIMANT SEEKS TO RECOVER FROM THE COMPANY

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

EPGD ATTORNEYS AT LAW, P.A.

777 SW 37TH AVE

SUITE 510

MIAMI, FL 33135

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.

ALESSANDRO CLEMENTE

Printed Name of the Person Filing

Alessandro Clemente

Signature of the Person Filing

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