

L19 000 129396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

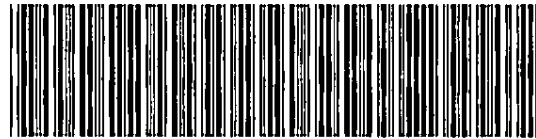
(Business Entity Name)

(Document Number)

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

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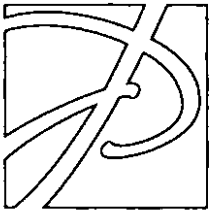
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01/25/21 2:00  
Dissolution

Dissolution

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**JOHNSON  
POPE**  
BOKOR  
RUPPEL &  
BURNS, LLP

COUNSELORS AT LAW

TAMPA ■ CLEARWATER ■ ST. PETERSBURG

Harvey A. Ford, Attorney  
490 1<sup>st</sup> Avenue S, Suite 700  
St. Petersburg, FL 33701  
Phone: (727) 999-9900  
E-mail: HarveyF@jpfirm.com

File No.: 071360.148500

January 20, 2021

U.S. MAIL

**Division of Corporations**  
P.O. Box 6327  
Tallahassee, FL 32314  
**Attn: Registration Section**  
(850) 245-6000

Re: The Edge Bakery & Artisan Cafe, LLC / Document No. L19000129396

To Whom it May Concern:

I enclose executed Articles of Dissolution for filing in connection with the referenced entity. I also enclose a check in the amount of \$25.00 to cover the filing fee. Please call with any questions. Thank you.

Sincerely,

*/s/ Cheri Kuenn*

Cheri R. Kuenn, Legal Assistant

HAF/ck

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 21 2021  
11:20:03

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Edge Bakery & Artisan Cafe, 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:

Andrew F. Ford, Esq.

\_\_\_\_\_  
(Name of Person)

Johnson Pope Bokor Ruppel & Burns, LLP

\_\_\_\_\_  
(Firm/Company)

490 First Avenue South, Suite 700

\_\_\_\_\_  
(Address)

St. Petersburg, FL 33701

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew F. Ford, Esq.

\_\_\_\_\_  
(Name of Person)

727

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

999-9900

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

The Edge Bakery & Artisan Cafe, LLC

2. The Articles of Organization were filed on May 13, 2019 and assigned

document number L19000129396

3. The delayed effective date the dissolution if not effective on the date of filing: Dec 31, 2020

(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).

All members consented to the voluntary dissolution of the limited liability 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: Michael K. Hinkle

258 Rich Valley Road

Mechanicsburg, PA 17050

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

Michael K. Hinkle

Printed Name

**FILING FEE: \$25.00**

## 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: The Edge Bakery & Artisan Cafe, LLC

Document number of Limited Liability Company is: L19000129396

Date of dissolution was: December 31, 2020

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

Name and contact information of claimant

Amount claimed


Nature of the claim

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

Michael K. Hinkle  
258 Rich Valley Road  
Mechanicsburg, PA 17050

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.

Michael K. Hinkle  
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**