

L19000173906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

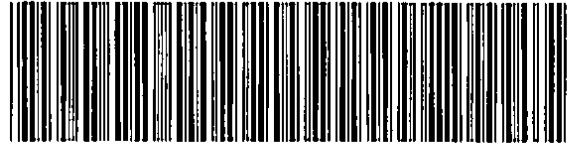
(Business Entity Name)

(Document Number)

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FILED  
2020 MAR 19 AM 8:23  
SEAL  
TALLAHASSEE, FL

APR - 1 2020  
C Kinsey

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TASTE OF VALOR, 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:

KAREN SPIRER  
(Name of Person)

TASTE OF VALOR, LLC  
(Firm/Company)

347 PADOVA WAY  
(Address)

NORTH VENICE, FLORIDA 34275  
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN SPIRER at ( 914 ) 310-2949  
(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  
2020 MAR 19 AM 8:23  
STATE OF FLORIDA  
SOLICITOR GENERAL

1. The name of a limited liability company is

TASTE OF VALOR, LLC

2. The Articles of Organization were filed on 7/3/2019 and assigned

document number L19000173906

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).

I HAVE DECIDED NOT TO ESTABLISH  
A BUSINESS UNDER THE NAME OF  
THIS LLC I.E., "TASTE OF VALOR."

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

347 PADOVA WAY

NORTH VENICE

FLORIDA, 34275

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:

Karen Spier  
Signature

KAREN SPIRER  
Printed Name

**FILING FEE: \$25.00**