

L21000111290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICKUP  WAIT  MAIL

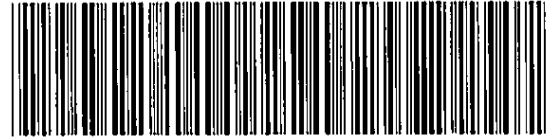
(Business Entity Name)

(Document Number)

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**WALK IN**

**PICK UP:** 5/13/21 Glinda

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** LLC DISSOLUTION

1. 2501 OORI BAKESHOP L.L.C.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2501 Oori Bakeshop L.L.C.

\_\_\_\_\_  
(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:

Steven Kaplan, Esq.

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

McLaughlin & Stern LLP

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

260 Madison Avenue

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

New York, NY 10016

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

For further information concerning this matter, please call:

Steven Kaplan, Esq.

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

at ( 212 ) 448-1100 x1149

\_\_\_\_\_  
(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  
2501 Oori Bakeshop L.L.C.
2. The Articles of Organization were filed on March 17, 2021 and assigned  
document number L21000111290
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).

The limited liability company was organized for a start-up company which is not going to open

or do business.

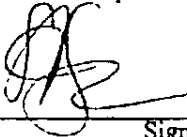
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Steven Kaplan, Esq.

McLaughlin & Stern LLP

260 Madison Avenue, New York, NY 10016

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

Steven Kaplan

Printed Name

**FILING FEE: \$25.00**

FILED  
MAR 17 2021  
10 AM 9:50  
STATE