

121 000 294 683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

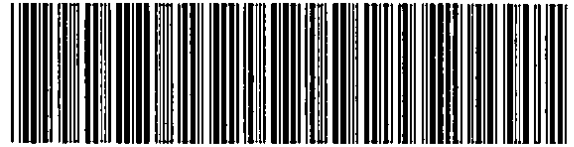
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/20/21--01010--017 **25.00

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2021 DEC 20 PM 4:38
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

*Dissolution
w/ notice*

DEC 28 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St Augustine Cocktails & Cuisine 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:

Melissa Panzarini
(Name of Person)

(Firm/Company)

1093 A1A Beach Blvd, Ste. 507
(Address)

St Augustine FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Panzarini at (808) 446-4373
(Name of Person) (Area Code & Daytime Telephone Number)

2021 DEC 20 4:38

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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

St. Augustine Cocktails & Cuisine LLC.

2. The Articles of Organization were filed on 6/25/2021 and assigned

document number L21000294683

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).

By member agreement.

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:

x Melissa Panzani
Signature

Melissa Panzani
Printed Name

FILING FEE: \$25.00

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2021 DEC 20 PM 4:38
STATE OF FLORIDA
DEPARTMENT OF STATE

Notice of Limited Liability Company Dissolution

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: St Augustine Cocktails & Cuisine LLC

Document number of Limited Liability Company is: L21000294683

Date of dissolution was: 12/1/2021

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

Any claimant's name, address, date of claim and amount of claim

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

Melissa Panzarini
1093 ATA Beach Blvd, Ste 502
St Augustine, FL 32080

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2021 DEC 20 PM 4:38
STATE OF FLORIDA
CLERK OF THE DIVISION OF CORPORATIONS

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.

Melissa Panzarini Printed Name of the Person Filing
X Melissa Panzarini Signature of the Person Filing