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SECRETARY OF STATE

COVER LETTER

Division of Corporations							
COOL BEANS LARGO, 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:							
SUZANNE M. CARROLL							
(Name of Person)							
COOL BEANS LARGO, LLC							
(Firm/Company)							
393 EAGLE DRIVE	(Name of Person) (Firm/Company) (Address) (City/State and Zip Code) please call: (Area Code & Daytime Telephone Number)						
(Address)							
JUPITER, FL 33477							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
SUZANNEM' (arroll at 202) 812-7465 (Name of Person) (Area Code & Daytime Telephone Number	<u>) </u>						
(Name of Person) (Area Code & Daytime Telephone Number	r)						
Enclosed is a check for the following amount:							
\$25.00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed)							
Mailing Address: Street Address:							
Registration Section Registration Section							
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee							

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability COOL BEANS LARGO, LLC	y company is			SECRE ALLAH	ال .
2.	The Articles of Organization	were filed on	3, 2022	_ and assigne	9 18 F TARY 0 NSSEE:	
	document number	420			Y :	D
3.	The delayed effective date the (effective da Note: If the date inserted in thi listed as the document's effective	ate cannot be prior to or more that is block does not meet the appl	n 90 days later than date of icable statutory filing i	document is rece		
4,	A description of occurrence the 605.0707. Florida Statutes, (con INACTIVE	hat resulted in the limited liappy 605.0707 on back cover	letter).	ssolution purs	want to section	on
	INACTIVE YU	er conducted	any bus	SiWess	TH	
I	NACTIVE \\	mactive -	never u	sect.		
5.	If there are no members, enter activities and affairs:	r the name and address of th	e person appointed t	o wind up the	company's	
		4				
6. ab	Signature of an authorized per ove to wind up the company's	rson or if there are no membactivities and affairs:	pers, the signature of	the person ap	ppointed and	listed
	Sm Cenery		Suzanv	: 	Cari	oli
	Signature		Printed	Name		

FILING FEE: \$25.00