

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	WAIT N	MAIL
(Bu:	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of Status	
Special Instructions to f	Filing Officer:	
(	mills	
	Office Use Only	



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## **COVER LETTER**

TO:

	Registration Section Division of Corporations	
SUBJEC	T: Ben and Jimmys LLC	Link Olive Company
	(Name of Limited	Liability Company)
	osed Articles of Dissolution and fee(s) are submitted turn all correspondence concerning this matter to th	-
	·	
	Ashley Mosiman	
	(Name	of Person)
	Ben and Jimmys LLC	
	(Firm)	Company)
	29062 Golden Sunset Circle	
	(Ac	ldress)
	Winchester, CA 92596	
	(City/State	and Zip Code)
For furthe	er information concerning this matter, please call:	
	Ashley Mosiman	at (951) 203-3039
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed i	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		
	Ben and Jimmys LLC		
2.	The Articles of Organization were filed on 6/2/2022 and assigned		
	document number 1.22000253544		
3.	. The delayed effective date the dissolution if not effective on the date of filing: 12/1/2023  (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).	1	
	We no longer wish to be in business.		
	AT THE COLUMN TO		
	1		
	.3		
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and libove to wind up the company's activities and affairs:	ste	
,	Ashley Mosiman  Ashley Mosiman		
	Signature Printed Name		

FILING FEE: \$25.00