

L22000454973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

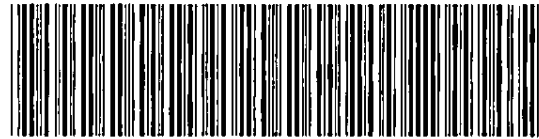
(Document Number)

Additional Copies _____

Certificates of Status _____

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Office Use Only



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02/06/23--01008--007 *25.00

FILED

2023 FEB -6 AM 10:45

STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB -6 AM 10:25

DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

2/6/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SWEET HONEY PUFFS

SUBJECT: MILANO DOLCE GATE & IMPORTS 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:

Roussel Lamothe
(Name of Person)

Sweet Honey Puffs LLC
(Firm/Company)

410 SE 2ND Street #302
(Address)

Hallandale Beach, FL 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

Roussel Lamothe at (786) 644-3178
(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 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**

FILED

2023 FEB -6 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

SWEET HONEY PUFFS LLC

2. The Articles of Organization were filed on 10/21/2022 and assigned

document number 1,220,004,549,73

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).

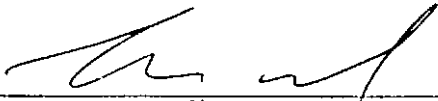
Change of business concept

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

410 SE 2nd St app 302

Hallandale Beach FL 33009

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

Roussel Lamothe

Printed Name

FILING FEE: \$25.00