123000068801

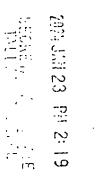
| (Re | questor's Name) | - |
|-------------------------|---|---------------|
| | | |
| (Ad | dress) | |
| | | |
| (\(\Lambda\) d | dress) | <u> </u> |
| (Au | uiess) | |
| | | |
| (Ćit | y/State/Zip/Phon | e #) |
| | _ | |
| ☐ PICK-UP | MAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | me) |
| ,– - | , | , |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certified Copies Certificates of Status | |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600422262946

01/23/24--01010--028 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Rae's Baker's (Name of Limite | 5 Dozen d Liability Company) |
| The enclosed Articles of Dissolution and fee(s) are submitted. Please return all correspondence concerning this matter to t | |
| Rachel E. | |
| Rae's Baker | |
| 19B bough | , |
| (City/State) For further information concerning this matter, please call: | 2 32778 P |
| _ | at (<u>772</u>) <u>349 - 3178</u> (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 |
|---|
| - Kae's Baker's Dozen |
| 2. The Articles of Organization were filed on 02/07/202 3 and assigned |
| document number <u>L23000068801</u> |
| 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). Not able to pursue business |
| |
| |
| |
| |
| 5. If there are no members, enter the name and address of the |
| 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Rachel E. Cohem |
| 198 Douglas Dr |
| Tavares, FL 32778 |
| 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 Rachel E. Cohen Printed Name |

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Rae's Baker's bozen |
|--|
| Document number of Limited Liability Company is: L2300068801 |
| Date of dissolution was: $01/17/3034$ |
| Description of information that must be included in a written claim: |
| not making any revenue to survive. |
| not making any revenue to survive. |
| <u></u> |
| |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| · · · · · · · · · · · · · · · · · · · |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Rachel E. Cohen 19 B. Douglas Dr. Tavares, FL 32778 |
| 1 avares, FL 32778 |

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.

Rachel E. Cohen Saekel Cokers

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00