L23000275392

(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:

J DENNIS

FEB 1 [illegible] 2024

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2024 JAN 26 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blissful Bites and Catering 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:

Ashlyn Bliss
(Name of Person)

-
(Firm/Company)

109 Oyer St
(Address)

Niceville FL 32578
(City/State and Zip Code)

For further information concerning this matter, please call:

Ashlyn Bliss at (850) 851 2182
(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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Blissful Bites and Catering LLC

2. The Articles of Organization were filed on 6/11/23 and assigned
document number L23000275392

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).
Employment to my previous/current job excelled therefor didnt pursue as needed. Poor Marketing, Lack of business plan.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Ashlyn Bliss
109 Dyer St Niceville FL 32578

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:

Ashlyn Bliss
Signature

Ashlyn Bliss
Printed Name

FILING FEE: $25.00