

L23000491345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

08/12/24--01027--014 \*425.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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LSS 1 004

Office Use Only

11/15/2024  
11/15/2024  
11/15/2024  
11/15/2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fave Foods 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:

Earla Transue

(Name of Person)

Fave Foods LLC

(Firm/Company)

2729 Ewell Rd

(Address)

Lakeland FL 33811

(City/State and Zip Code)

For further information concerning this matter, please call:

Earla Transue

8635146722

(Name of Person)

at (

) (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  
Fave Foods LLC

2. The Articles of Organization were filed on 10/27/2023 and assigned  
document number L23000491345

3. The delayed effective date the dissolution if not effective on the date of filing: 08/01/2024  
(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).  
No activity occurred. Business never became operational.

No activity occurred. Business never became operational.

No activity occurred. Business never became operational.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Earla Transue  
2729 Ewell Rd  
Lakeland, FL 33811

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:

Earla Transue  
Signature

Earla Transue  
Printed Name

**FILING FEE: \$25.00**