

L24000339016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

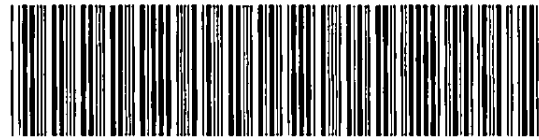
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000439047540

LLC dissolution

FILED  
2024 NOV -4 AM 9:50  
CLERK OF DISTRICT COURT  
FLORIDA

RECORDED  
2024 NOV -4 PM 4:24  
CLERK OF DISTRICT COURT  
FLORIDA

A. RAMSEY

NOV 5. 2024



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 11/04/24  
Order #: 1670908-2  
Re: Paradies Lagardere @ Mco 2024 (F&B), LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the "TO WHOM IT MAY CONCERN:" line.

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paradies Lagardere @ MCO 2024 (F&B), 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:

Karen Suttle

(Name of Person)

Paradies Lagardere

(Firm/Company)

2849 Paces Ferry Road, Suite 400

(Address)

Atlanta GA 30339

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Suttle

(Name of Person)

404

344-7905

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

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Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**  
**2024 NOV -4 AM 9:50**  
DEPT. OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
Paradies Lagardere @ MCO 2024 (F&B), LLC
2. The Articles of Organization were filed on August 7, 2024 and assigned  
document number L24000339016
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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
No airport concession agreement awarded (Section 10.1.4 of written operating agreement)

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

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:

Karen L. Suttle

Signature

Karen Suttle

Printed Name

**FILING FEE: \$25.00**