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City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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98 AUG 17 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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|-------------------|--------------------|
| Name Availability | <i>[Signature]</i> |
| Document Examiner | <i>[Signature]</i> |
| Updater | <i>[Signature]</i> |
| Updater Verifier | <i>[Signature]</i> |
| Acknowledgment | <i>[Signature]</i> |
| W. P. Verifier | <i>[Signature]</i> |

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

1. The name of the limited liability company is: CUISINE ARTS ASSOCIATES, L.C.

2. The effective date of the limited liability company's dissolution is 3/31/98

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Unanimous written consent of all members

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4. **CHECK ONE :**

XX All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-

Adequate provision has been made for the debts, obligations and liabilities pursuant to 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

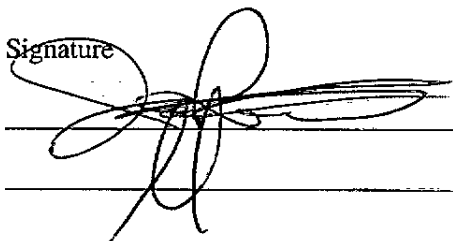
6. **CHECK ONE :**

XX There are no suits pending against the company in any court.
-OR-

Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of all members:

Signature



Typed or Printed name

James A. Preiss

Mark A. Conner