## P08000052259

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Diss. W/ Notice

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MAR 24 2010

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: Articles	of Dissolution
•	
DOCUMENT NUMBER: P080	700052259
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
,	·
Vickie Re	
(Name of C	Contact Person)
(Firm.	/Company)
1457 Van	Buren Street dress)
(Ad	dress)
Holly wood (City/State	Florich 33020
(City/State	and Zip Code)
For further information concerning this matt	er, please call:
Vickie Rabasco	at ( 950 ) BB1 - 6737
(Name of Contact Person)	at ( <u>959</u> ) <u>661 - 6237</u> (Area Code & Daytime Telephone Number)
•	
Enclosed is a check for the following amoun	<b>t:</b>
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\infty\$\$ \$52.50 Filing Fee, Certified Copy Certificate of Status &
	(Additional copy is Certified Copy
	enclosed) (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FI 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  LR Fine Italian Cuisine, Inc.
SECOND:	The document number of the corporation (if known): P08000052259
THIRD:	The date dissolution was authorized: 3/17/10
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by  (voting group)  (voting group)
	(voting group)  ASSEE, FLORIDE  Signature: //classia.
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

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of dissolution will the dissolution will the dissolution will be d		ition is filed with the	Department of State or as
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	on that must be ment	ied in a ciann.	
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· · · · · · · · · · · · · · · · · · ·	1		- 4b - Division of Communitions
anng address where c	naims can be sent: (Ci	iaims cannot be sent to	the Division of Corporations)
	Vickie	Rybaseo	
	Vrckie 1487 (	Rabaseo Van Burei	n Street
	Vickie 1487 ( Hollyno	Rabaseo Van Bures	n Street 33020

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Vickie Robageo

Printed Name of the Person Filing

Signature of the Person Filing