

L05000004528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

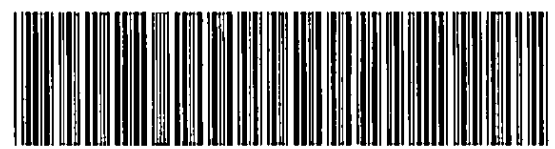
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/06/18--01014--005 **25.00

FILED
18 MAR -6 AM 11: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
MAR -7 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ruiz Family Management, 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:

William T. Link, Jr.
(Name of Person)

Reed Mawhinney & Link, PLLC
(Firm/Company)

1611 Harden Blvd.
(Address)

Lakeland, FL 33803
(City/State and Zip Code)

For further information concerning this matter, please call:

William T. Link, Jr. at (863) 687-1771
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
18 MAR -6 AM 11: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Ruiz Family Management, LLC

2. The Articles of Organization were filed on 1/14/2005 and assigned
document number L05000004528

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).
In accordance with Section 10.1 of the Company's Operating Agreement, a majority in interest of the Members
consented to the termination and dissolution of Ruiz Family Management, LLC.

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

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:



Signature

Silvia I. Ruiz

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILED
18 MAR -6 AM 11: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

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

Name of Limited Liability Company: Ruiz Family Management, LLC

Document number of Limited Liability Company is: L05000004528

Date of dissolution was: 2/1/2018

Description of information that must be included in a written claim:

All claims must include the claimant's name, claim amount,
basis for claim, origination, date of claim, and claimant's
address, phone number, and email address.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Ruiz Family Management, LLC
Attn: Silvia I. Ruiz
1973 Heritage Estates Drive
Lakeland, FL 33803

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

Silvia I. Ruiz
Printed Name of the Person Filing


Signature of the Person Filing