

LF000137446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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03/04/16--01017--020 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR -4 PM 1:03

EFFECTIVE DATE

3/7

MAR 07 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUGOFRESH WHOLE FOODS FORT LAUDERDALE 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:

MATTHEW J. SHERMAN

(Name of Person)

(Firm/Company)

350 NE 60 STREET

(Address)

MIAMI, FLORIDA 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW KRIEGER

(Name of Person)

at (**305**) **495-1646**

(Area Code & Daytime Telephone Number)

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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**

1. The name of a limited liability company is
JUGOFRESH WHOLE FOODS FORT LAUDERDALE LLC

2. The Articles of Organization were filed on 08/12/2015 and assigned
document number L15000137446

3. The delayed effective date the dissolution if not effective on the date of filing: 3/10/2016
(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.

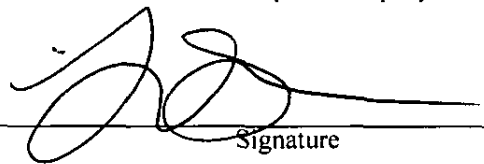
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Business consolidation

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

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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

MATTHEW J. SHERMAN

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: JUGOFRESH WHOLE FOODS FORT LAUDERDALE LLC

Document number of Limited Liability Company is: L15000137446

Date of dissolution was: 3/10/2016.

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

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

MATTHEW J. SHERMAN

350 NE 60 STREET

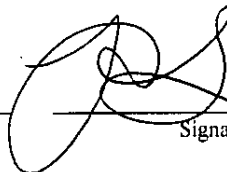
MIAMI, FLORIDA 33137

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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.

MATTHEW J. SHERMAN

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00