L17000186285

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(- , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(=,, ,, ,			
(Document Number)			
(Bocument Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700322762417

01/16/19 -U. 2. -- 617 #*100.00

2019 JAN 16 PH 2: 20

R. W.T. J., 21 L.3

COVER LETTER

TO:

Registration Section Division of Corporations

LA FAMILIA IMPORT/EXPORT LLC

SUBJECT:

(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:

Mr. George Ruzzo

(Name of Person)

LA FAMILIA IMPORT/EXPORT LLC

(Firm/Company)

4532 W. Kennedy Boulevard, Suite 112

(Address)

Tampa, Florida 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. George Ruzzo

_305

970-4486

(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

2019 JAN 16 PM 2: 20

1.	The name of a limited liability company is		
	LA FAMILIA IMPORT/EXPORT LLC	SECRET. I. GESTATE TALLAMASSEE, FL	
	00.70.7017	MELMIASSEE, FL	
2.	The Articles of Organization were filed on	and assigned	
	document number <u>L.17000186285</u>		
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.		
1.	A description of occurrence that resulted in the limited liability compa 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Consent of all members to dissolve.	nny's dissolution pursuant to section	
			
	•	· · · · · ·	
5.	If there are no members, enter the name and address of the person apparetivities and affairs:	ointed to wind up the company's	
	<u> </u>		
6.	Signature of an authorized person or if there are no members, the signs styld above 16 wind up the company's activities and affairs:	ature of the person appointed and	
1	and above to wind up the company's activities and arrairs:		
4	Mr. Georg		
1) V(/s	Printed Name	
	FILING FEE: \$25.00		