

L05000004528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

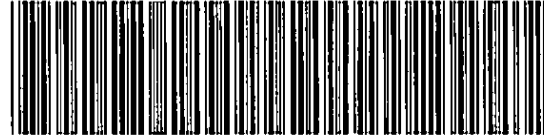
(Business Entity Name)

(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.

(Name of Person)

at ( 863 ) 687-1771

(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**

**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

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