# L060000 12381

(Re	equestor's Name)	
(Åd	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2014 MAR -7 PH 12: 34
SECRETARY OF STATE

MAR 1 0 2013 T. HAMPTON

## **COVER LETTER**

Divis	ion of Corporatio	ns			
SUBJECT: _	DD	Foods		Brevard	LLC
	(Name of Limited Liability Company)				

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

TO:

Registration Section

Please return all correspondence concerning this matter to the following:

Cherelle Foxbard
(Name of Person)
Juno Brach Donats LCC
(Firm/Company)
803 Donald Ross Rd.
(Address)
Juno Beach, FL 33408
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (Sel) 1024/588 x 302 (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

1.	The name of a limited liability company is  DD FWDS SDA Bravard LLC.				
2.	The Articles of Organization were filed on $06-09-2011$ and assigned document number $10600012381$				
3.	The delayed effective date the dissolution if not effective on the date of filing:				
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).				
	the consent of all the members.				
	(Section 1005:0701(2) Florida Setutes)				
5.	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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:				
_	Signature Printed Name				
V	ender Porha e Checalle to Porhad				
1	CHAIR O STIMO				

**FILING FEE: \$25.00** 

SECRETARY OF STATE