

LD8000417964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR -9 PM 2:16

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APR 10 2014  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POLLOS PUCALOR TAMPA 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:

JULISSA ROSADO

(Name of Person)

DCM SERVICES CENTER INC

(Firm/Company)

7208 N ARMENIA AVENUE

(Address)

TAMPA, FL 33604

(City/State and Zip Code)

For further information concerning this matter, please call:

JULISSA ROSADO

(Name of Person)

813

at (

9908630

(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

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FILED  
TALLAHASSEE, FLORIDA  
OFFICE OF THE  
CLERK OF THE  
STATE

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
**POLLOS PUCALOR TAMPA LLC**
2. The Articles of Organization were filed on **05/13/2008** and assigned  
document number **L08000047964**
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)
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).  
**CLOSED BUSINESS**
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: \_\_\_\_\_

Oliver Puente  
Signature

OLMER PUENTES

Printed Name

**FILING FEE: \$25.00**

2014 APR -9 PM 2:16

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## 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: POLLOS PUCALOR TAMPA LLC

Document number of Limited Liability Company is: L08000047964

Date of dissolution was: \_\_\_\_\_

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

**CLOSED BUSINESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

OLIVER PUNTES

Printed Name of the Person Filing

Oliver Puentes

Signature of the Person Filing

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

**FILED**  
2014 APR -9 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE FL 32304