

L08000095563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

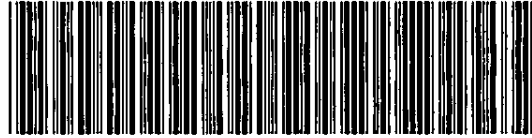
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K. SALY
EXAMINER
MAR 17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Detour Food LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maxime Gervais

Name of Person

Detour Food LLC

Firm/Company

10601 NE 6th Ave

Address

Miami FL 33138

City/State and Zip Code

MGERVAIS@foodindeed.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAXIME GERVAIS

Name of Person

at (786) 271 5714

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: DETOUR FOOD LLC

SECOND: The Florida Document number of the limited liability company is: L08000095563

THIRD: The date of filing of the initial articles of organization is: October 09, 2008

FOURTH: The date of filing of the dissolution is: November 03, 2015

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Maxime Gervais

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA