

L09000038492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L09-38492

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

JUN - 8 2010

EXAMINER

Office Use Only



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05/04/10--01041--017 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN - 7 PM 2:04

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2010

JAMES MENDEZ
11413 BRIGHT STAR LANE
RIVERVIEW, FL 33569

SUBJECT: SABOR CARIBE, LLC
Ref. Number: L09000038492

We have received your document for SABOR CARIBE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

The document must contain the effective date of the limited liability company's dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 710A00011405

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sabor Caribe, 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:

James Mender
(Name of Person)
Sabor Caribe, LLC
(Firm/Company)
11413 Bright Star Lane
(Address)
Renewal, FL 33569
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN -7 PM 2:04

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For further information concerning this matter, please call:

James Mender at (813) 380-5423
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & 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

Sabor Caribe, LLC

2. The Articles of Organization were filed on 5/2009 and assigned document number

CPA Letter No. 009400011526

3. The date the dissolution was approved: 5/2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

The company was not profitable and was considered a loss completely.

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2010 JUN 10 PM 2:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

James Mender
Henry Mender

Printed Name

James Mender
Henry Mender