## 1090000 65140

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUNSWEET CITRUS 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:

JOHN THOMAS
(Name of Person) SUNSWEET CITRUS LLC 3548 LONGVIEW LANE

LAKELAND, FL 33612
(City/State and Zin Code)

For further information concerning this matter, please call:

KALATHIL C. EAPEN at (%63) 660-6707
(Name of Person) (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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia	ibility company is			
SUNSWE	EET CITRUS	LLC_		·
2. The Articles of Organiza	tion were filed on07	107/2009	and assigned	
document number <u>LO</u>	9000065140	_		
	te the dissolution if not effective date cannot be prior to or me in this block does not meet the frective date on the Department	e applicable statutory filin	ng: 12/30/2010 to document is received for fi g requirements, this date of	<b>3</b> iling) will not be
4. A description of occurred 605.0707, Florida Statute	nce that resulted in the limi s, (copy 605,0707 on back	ted liability company's cover letter).	dissolution pursuant to	section
SUNSWEET C	TITRUS LLC O	MHED ONLY	ONE PROPE	RTY
	GRIFFIN ROP	_		
TROPERTY	WAS SOLD OF	V 11/21/2019	, AND ALL BL	<u>isi</u> ness
ACTIVITIE	STERMINAT	ED.		1 )
5. If there are no members,	enter the name and address	s of the person appointed	d to wind up the compa	ny s∷ j
activities and affairs:				<del></del>
				<del></del>
			<del></del>	<del></del>
				- · · · · · · ·
6. Signature of an authorize above to wind up the compa	ed person or if there are no my's activities and affairs:	members, the signature	of the person appointed	l and listed
0 = 1	-			
x yakn m	an po	JOHN	THOMAS	
Signature			ed Name	<del></del>
$\bigcup$	FILING!	FEE: \$25.00		

## ARTICLES OF DISSOLUTION **FOR** A LIMITED LIABILITY COMPANY

(Cont	unucu)
Signature	CHACKO MATHEW Printed Name
Signature	Printed Name
Signature	KALATHIL C. EAPEN Printed Name
Kunjand mathew Signature	KUNJUMOL MATHEW Printed Name
Signature	MUNNA SIMON Printed Name
Susan Gagen Signature	SUSAN EAPEN Printed Name
Signature Sta	SARAMMA JOHN Printed Name