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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
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Office Use Only



01/03/12--01013--003 \*\*60.00

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: JUAN CRUZ CATERING L. L.C. (Name of Limited Liability Company)		
(Name of Emitted Claumty Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Juan Parall (Name of Person)		
Juan CRUZ Catering LCC (Firm/Company)		
1667 SW Lakata Are (Address)		
Port St Cycle F(34953 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (772) 519 - 8641 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 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

January 4, 2012

Florida Department Of State Division Of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

# To Whom It May Concern:

Enclosed are the completed forms regarding the dissolution of my business, as well as, a check in the amount of \$60.00.

Sincerely,

Juan P. Cruz II

467 SW Lakota Ave.

Port St. Lucie, FL 34953

Tel: 772-519-8641



RECEIVED

12 JAN 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 10, 2012

JUAN P CRUZ II 467 SW LAKOTA AVE PORT ST LUCIE, FL 34953

SUBJECT: JUAN CRUZ CATERING LLC

Ref. Number: L09000119688

We have received your document for JUAN CRUZ CATERING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 312A00000653

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED SECRETARY OF SIME DIVISION OF CORPORATIONS

12 JAN 23 PM 3: 33

1. The name of a limited liability company is
Juan CRUZ Catering LC
2. The Articles of Organization were filed on 12/1/109-11/10 and assigned document number
3. The date the dissolution was approved: September 1.2010
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 reason for the dissolution was due to
funds forced to close
,
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.
<ol> <li>All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.</li> </ol>
7. CHECK ONE:
There are no suits pending against the company in any court.
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 Printed Name  Signature  Signature