

L10000062421

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY -3 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Food Safety and Security Compliance  
(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:

William Sanford  
(Name of Person)  
Food Safety and Security Compliance  
(Firm/Company)  
4846 Sun City Center Blvd #106  
(Address)  
Sun City Center FL 33573  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Sanford at (585) 721 0481  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
18 APR 30 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Food Safety and Security Compliance

2. The Articles of Organization were filed on ~~30 Jan 2018~~ and assigned

JUN 2010

document number L10000062421

3. The delayed effective date the dissolution if not effective on the date of filing: 01 MAY 2018  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

LACK OF BUSINESS

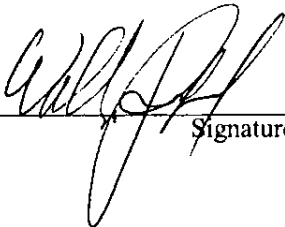
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

William Sanford

1115 GOLF VIEW WOODS DRIVE

RUSKIN, FL 33573

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:

  
Signature

William J Sanford  
Printed Name

FILING FEE: \$25.00