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(R	equestor's Name)			
(A	ddress)			
	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)	,		
Certified Copies	Certificates	s of Status		
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COVER LETTER

Division of Corporations
SUBJECT: Florids Fresh Produce 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 DePhillipo/ (Name of Person)
(Firm/Company) 15132 Park of commerce Blud Suite 104 (Address)
Jupiter FL 3347f (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (609) 742-1242 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
' MAILING ADDRESS: STREET/COURIER ADDRESS:

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

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 Florida Frest Practice	duce 110	
3. The date the dissolution was approved: 4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back	cover letter).	and assigned document numb
Company per Longer De	ing Dubross	- 2 : ATIOH
5. CHECK ONE: All debts, obligations and liabilities of the OR-Adequate provision has been made for the 6. All remaining property and assets have been districtly and interests. 7. CHECK ONE: There are no suits pending against the control OR-Adequate provision has been made for the entered against it in any pending suit.	e debts, obligations and liabi buted among its members in mpany in any court.	lities pursuant to s. 608.4421. accordance with their respective
Signatures of the members having the same percentage of Signature	·	Printed Name
Jell Jeff	John D	eph. lipe