

LD 000 116379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Disc + Claims

Office Use Only



300309462453

02/28/18--01014--010 \*\*25.00

FILED

18 APR -6 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

K. SALY

APR 10 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DURAN'S FAMILY 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:

LUIS A. DURAN

(Name of Person)

(Firm/Company)

141 East 5, PLACE

(Address)

Hiialeah FL 33013

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS A. DURAN

(Name of Person)

at ( 786 ) 301-0691

(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 -6 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

DURAN'S Family PRODUCE, LLC

2. The Articles of Organization were filed on 11/9/2010 and assigned

document number L10000116379

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

Business closed

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Isabel B. Corillo  
Printed Name

**FILING FEE: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2018

LUIS A DURAN  
141 EAST 51 PLACE  
HIALEAH, FL 33013

SUBJECT: DURAN'S FAMILY PRODUCE, LLC  
Ref. Number: L10000116379

We have received your document for DURAN'S FAMILY PRODUCE, 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 605.0707(1)(c), Florida Statutes, must be contained in the document.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 918A00004319

RECEIVED  
2018 APR -6 PM 1:29  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA