

#L11000052637

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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200273039062

06/08/15--01012--005 **25.00

EFFECTIVE DATE
10-15-2015

FILED
2015 JUN -8 AM 10:44
CLERK OF STATE
TALLAHASSEE, FL 91010

K. SALLY
EXAMINER
JUN 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wynne's 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:

Keith Minster

(Name of Person)

Wynne's Produce LLC

(Firm/Company)

4850 Old Blue Ridge Road

(Address)

Edgewater, FL 32141

(City/State and Zip Code)

For further information concerning this matter, please call:

Keith Minster

(Name of Person)

at (386) 846-0596

(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

EFFECTIVE DATE
6-15-2015

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2015 JUN -8 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Wynne's Produce, LLC

2. The Articles of Organization were filed on 05/04/2011 and assigned

document number L11000052637

3. The delayed effective date the dissolution if not effective on the date of filing: June 15, 2015

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

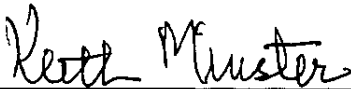
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Managing Member ceased operations.

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

Keith Minster

Printed Name

FILING FEE: \$25.00