

L12000030417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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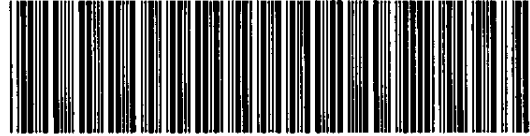
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 23 2015  
C. CARROTHERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COOL FOOD SUPPLIERS 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:

JULIO C MOLINA

(Name of Person)

J.C. M OLINA & ASSOC

(Firm/Company)

8260 W FLAGLER STREET STE 2-C

(Address)

MIAMI FLORIDA 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO C MOLINA

(Name of Person)

305

559 9070

at ( )

(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**

1. The name of a limited liability company is

COOL FOOD SUPPLIERS LLC

2. The Articles of Organization were filed on MARCH 12, 2012

document number L12000030417

3. The delayed effective date the dissolution if not effective on the date of filing: FEBRUARY 23, 2015

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

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).

## THE COMPANY WAS NOT ABLE TO GENERATE INCOME

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

**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 \_\_\_\_\_

Printed Name \_\_\_\_\_

EDOUARD CHAMI

**FILING FEE: \$25.00**

15 MAR -5 PM 1:40

SECRETARY OF STATE