

**#L13000049323**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

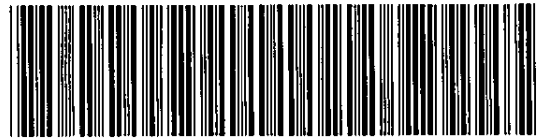
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**300271666253**

05/28/15--01002--010 \*\*25.00

APPROVED  
AND  
FILED  
15 MAY 27 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
15 MAY 27 PM 4:01  
DEPARTMENT OF REVENUE

K. SALY  
EXAMINER  
MAY 27 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: El Milagro Latin Market and Deli 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:

Patricia F Rodas  
(Name of Person)

agent authorize  
(Firm/Company)

600 NW 75 St Suite A  
(Address)

Gainesville FL 32607  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia F Rodas at (352) 301 6554  
(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

APPROVED  
AND  
FILED

15 MAY 27 PM 4:11

1. The name of a limited liability company is

El Milagro Latin Market and Deli

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 08-03-2013 and assigned  
document number 43000049373

3. The delayed effective date the dissolution if not effective on the date of 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).


NO 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: \_\_\_\_\_

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



Patricia F Codes

FILING FEE: \$25.00