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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

LLC DISSOLUTION OR WITHDRAWAL
NATURAL EXPRESS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Express 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:

Kalpesh J. Patel

(Name of Person)

FL Patel Law PLLC

(Firm/Company)

360 Central Avenue #800

(Address)

Saint Petersburg, Florida 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Kalpesh J. Patel

(Name of Person)

at (727) 279-5037

(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

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 DEPT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32301

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Natural Express LLC

2. The Articles of Organization were filed on July 23, 2015 and assigned

document number L15000126243

3. The delayed effective date the dissolution is 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).

The company is dissolved pursuant to consent of all the members.

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

activities and affairs:

Samuel Stout Jr.

5409 Overseas Highway

Suite 294

Marathon, Florida 33050

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

Samuel Stout Jr.

Printed Name

FILING FEE: \$25.00

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