# 15000190961

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400289723274

09/08/16--01016--023 \*\*25.00

ALLAHASSEE.FLORIDA

A.

#### **COVER LETTER**

Division of Corporations		
SUBJECT: El Gran Pollo UC		
(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:		
Lily Taft (Name of Person)		
(Name of Person)		
El Gran Pollo LLC (Firm/Company)		
5584 N. Orange Blossom Trail Orlando Fl 32810		
(Address)		
01/ana0 FL 32810		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (407) 924-7354 (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S25.00 Filing Fee and Certificate of Dissolution  \$\square\$ \$\square\$ \$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  El Gran Pollo, LLC
2.	The Articles of Organization were filed on Florida and assigned
	document number <u>L15000190961</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 08-16-16 (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).
	out of business.
5	If there are no members, enter the name and address of the message amointed to wind up the common 's
3.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Pedro Justo 2551 W. Oakridge Rd Apt 402B  Office Criscopto 2551 W. Oakridge Rd Apt 402B
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
-	Signature Lily Taff Printed Name (S)
	FILING FEE: \$25.00  FILING FEE: \$25.00