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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARIST OF STATE

I. HARRIS

COVER LETTEŘ

TO: Registration Section
Division of Corporations

SUBJECT:

FLORIDA ICE SUPPLY 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:

VIRENDRA M. PATEL
(Name of Person)
FLORIDA ICE SUPPLY LLC
(Firm/Company)
1950 W PARK AVE.
(Address)
EDGEWATER, FL 32132
(City/State and Zip Code)

For further information concerning this matter, please call:

VIRENDRA M. PATEL
(Name of Person)

(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



INT OF STATE orations ANY Lawanda Novas FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2016

VIRENDRA M PATEL 1950 W PARK AVE EDGEWATER, FL 32132

SUBJECT: FLORIDA ICE SUPPLY LLC

Ref. Number: L16000011130

We have received your document for FLORIDA ICE SUPPLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00015508



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 25, 2016

VIRENDRA M PATEL 1950 W PARK AVE EDGEWATER, FL 32132

SUBJECT: FLORIDA ICE SUPPLY LLC

Ref. Number: L16000011130

We have received your document for FLORIDA ICE SUPPLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00015508

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AH II: 50

Market State

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The Articles of Organizat	ion were filed on 01/15/2016	and assigned
document number L16000	0011130	
Note: If the date inserted in	e the dissolution if not effective on the date of filing: we date cannot be prior to or more than 90 days later than date do n this block does not meet the applicable statutory filing req ective date on the Department of State's records.	sument is received for ming)
A description of occurrent 605.0707, Florida Statutes	or that resulted in the limited liability company's diss, (copy 605.0707 on back cover letter).	olution pursuant to section
BUSINESS CLOSED. THE	RE WAS NEVER ANY BUSINESS. STORE NEVER OPP	NED.
		<u> </u>
. If there are no members, e	enter the name and address of the person appointed to	wind up the company's
. If there are no members, e	enter the name and address of the person appointed to VIRENDRA M. PATEL	wind up the company's
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	• • •	wind up the company's
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	• • •	wind up the company's
activities and affairs:	• • •	
activities and affairs:	VIRENDRA M. PATEL	
activities and affairs: Signature of an authorized sted above to wind up the control of the con	d person or if there are no members, the signature of the company's activities and affairs:	ne person appointed and
activities and affairs:	d person or if there are no members, the signature of the company's activities and affairs: Printed N	ane Pare
activities and affairs: Signature of an authorized sted above to wind up the control of the con	I person or if there are no members, the signature of the	ne person appointed and