## 116000060461

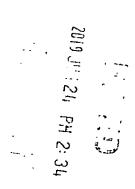
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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06/24/19--01008--008 \*\*25.00



R. WHITE.
JUL 08 2013

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

## LATIN AMERICAN RESTAURANTS 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:

ORLANDO ESCALONA		
(Name of Person)		
(Firm/Company)	<del></del>	
3510 S NOVA ROAD		
(Address)		
PORT ORANGE, FL 32129		
(City/State and Zip Code)		

For further information concerning this matter, please call:

ORLANDO ESCALONA at (786 ) 564-9668 (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	y company is	2019 JUT 24 PH 2: 34
	LATIN AMERICAN RESTAU		
2.	The Articles of Organization	were filed on 03/25/2016	and assigned
	document numberL16000060	461	
3.	Note: If the date inserted in ut	e dissolution if not effective on the late cannot be prior to or more than 90 date block does not meet the applicable we date on the Department of State's	ne date of filing: 04/30/2019 systater than date document is received for filing) statutory filing requirements, this date will not be records.
4.	605.0707, Florida Statutes, (c	opy 603.0707 on back cover lette	
	SALES DID NOR COVER ALI	L THE ADMINISTRATIVE AND C	VERHEAD EXPENSES
	RESULTING IN NET LOSSES	FOR THE PAST TWO YEARS.	<u> </u>
			is a day wind up the company's
5.	If there are no members, ente activities and affairs:	ORLANDO ESCALONA	rson appointed to wind up the company's
6 Ii	. Signature of an authorized posted above to wind up the com	erson or if there are no members.	the signature of the person appointed and
		ORLAN	IDO ESCALONA
	Signature	<del></del>	Printed Name
		FILING FEE: \$25.	00
	·		

### Notice of Limited Liability Company Dissolution

### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LATIN AMERICAN RESTAURANTS LLC
Document number of Limited Liability Company is: L1600060461
Document number of Limited Liability Company is:
Date of dissolution was: 04/30/2019
Description of information that must be included in a written claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  3510 S NOVA ROAD
PORT ORANGE, FL 32129
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
ORLANDO ESCALONA
Printed Name of the Person Filing  Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00