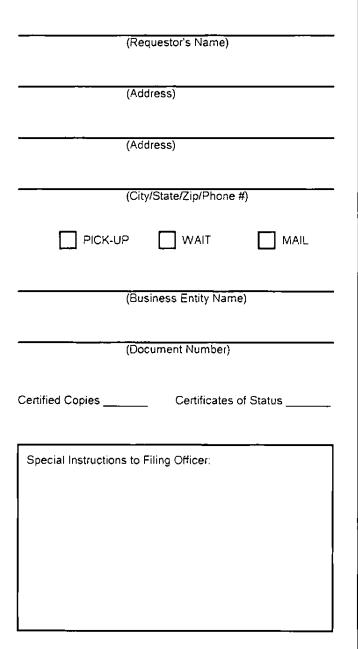
## L20000105431



Office Use Only



200425582032

03/18/24 -01003--027 \*\*100.00

18 Fit 5: 23

## COVER LETTER

TO:	Registration Section Division of Corporations		
SHD IE	ECT: Wesley Chapel Latin Market, LLC	· ·	
SUBJE	Name	of Limited Liability Cor	mpany
	closed Statement of Revocation of Disse ted for filing.	olution for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning th	is matter to:	
Norma	L. Bermudez		
	Contact Person	·	_
Wesley	Chapel Latin Market, LLC.		
	Firm/Company		_
1049 S	eagrape Dr.		
	Address	<u> </u>	_
Ruskin.	, FI. 33570		
City, State and Zip Code			<del>-</del>
Normal	ber2020@hotmail.com		
E-r	mail address: (to be used for future annu	al report notification)	_
For fur	ther information concerning this matter.	please call:	
Norma	L. Bermudez	at (	389-8001
-	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E132 (10/15)

Tallahassee, FL 32314

## FILED Feb 20, 2024 Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

WESLEY CHAPEL LATIN MARKET, LLC

The document number of the limited liability company: L20000105431

The file date of the articles of organization: April 17, 2020

The effective date of the dissolution if not effective on the date of filing: February 20, 2024

A description of occurance that resulted in the limited liability company's dissolution:

THE COMPANY DID NOT DEVELOP AND HAS NEVER BEEN PROFITABLE

The name and address of the person appointed to wind up the company's activities and affairs:

NORMA L. BERMUDEZ 1049 SEAGRAPE DR RUSKIN, FL, 33570

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: NORMA L. BERMUDEZ

Electronic Signature of authorized person