

PO6000137833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

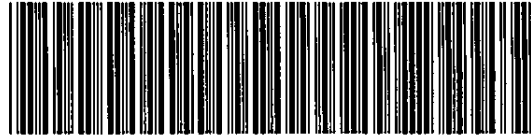
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900265209179

*diss of  
inactive  
corp*

10/16/14--01018--007 \*\*43.75

FILED  
2014 OCT 16 PM 4:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*BJR  
10/27/14*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION

**DOCUMENT NUMBER:** P06000137833

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KANUBODDU REDDY

(Name of Contact Person)

REDDY FARM, INC

(Firm/Company)

5802 36th AVE SOUTH

(Address)

TAMPA, FL 33619

(City/State and Zip Code)

For further information concerning this matter, please call:

KAANUBODDU REDDY at (813) 417-6900

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED

2014 OCT 16 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

REDDY FARM INC

SECOND: The document number of the corporation (if known): P06000137833

THIRD: The date dissolution was authorized: 12/31/2012

Effective date of dissolution if applicable: 12/31/2012

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

ONLY 1 PERSON

(voting group)

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

KANUBODDU REDDY

(Typed or printed name of person signing)

OWNER, PDVP

(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: REDDY FARM, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

THE CORPORATION IS NOW A LLC AS OF 5/13/2013.....  
THE ACCOUNTANT WAS TO HAVE DISSOLVED THE  
CORPORTATION AT THE END OF 2012....SHE IS NOW DECEASED  
THE COMPANY HAS PAID IT'S TAXES ON SCHEDULE "F"  
ON HIS FEDERAL TAX RETURN...

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

REDDY FARMS LLC  
5802 36th AVE SOUTH  
TAMPA,FL 33619

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ROXI JOHANSMEYER

Printed Name of the Person Filing

Roxi Johansmeyer

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**