

208000111636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

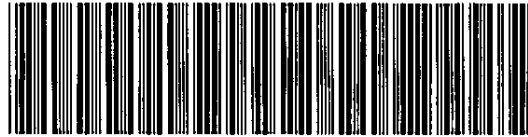
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR NEIGHBORHOOD MARKET, 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:

MATT MATHEWS, ATTORNEY AT LAW

(Name of Person)

MATHEWS LAW FIRM, P. A.

(Firm/Company)

277 PINWOOD DRIVE

(Address)

TALLAHASSEE, FLORIDA 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

MATT MATHEWS

(Name of Person)

at (850) 681-9303

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

YOUR NEIGHBORHOOD MARKET, LLC

2. The Articles of Organization were filed on DECEMBER 5, 2008 and assigned

document number L08000111636

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes.

THE DIRECTION OF THE SOLE MEMBER AND MANAGER

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Laverne Sumpter
Signature

LAVERNE SUMPTER

Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA