

LO90000 01452

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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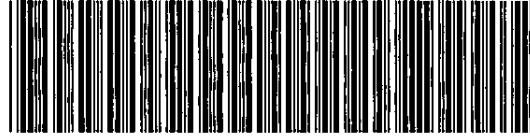
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JAN -4 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 05 2016

J SHIVERS

RUSTON R. SANDERS
ATTORNEY AT LAW

3906 US Highway 98 W. Suite 15 ~ P. O. Box 2402
Santa Rosa Beach, Florida 32459
P: (850) 267-1764 F: (850) 267-1763

December 31, 2015

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

In re: Red Bay Grocery, LLC
Articles of Dissolution
Document No.: L09000001952

Dear Madam/Sir:

Enclosed please find the cover letter, articles of dissolution and filing fee in the amount of \$25.00 for the dissolution of Red Bay Grocery, LLC. Thank you very much for your assistance.

Sincerely,



Ruston R. Sanders

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red Bay Grocery, 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:

Ruston Sanders

(Name of Person)

Attorney

(Firm/Company)

PO Box 2402

(Address)

Santa Rosa Beach, Florida 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Morgan III

(Name of Person)

at 850 836-2320

(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 company is

RED BAY GROCERY, LLC

2. The Articles of Organization were filed on January 7, 2009 and assigned

document number L09000001952

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Business was financially unsuccessful

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:


Signature

CHARLES MORGAN III

Printed Name

FILING FEE: \$25.00

FILED
16 JAN -4 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA