

LO9 0000 91819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

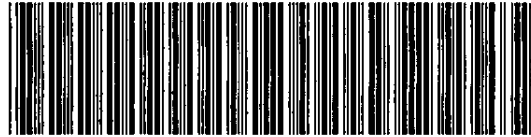
(Document Number)

Certified Copies _____

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Office Use Only



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16 MAR -7 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 MAR -7 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 08 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Four A's Food
(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:

YASSIR Filali
(Name of Person)
Four A's Food
(Firm/Company)
6431 County Line Rd #104
(Address)
Tampa, FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

Yassir Filali at (813) 4063775
(Name of Person) (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

Four H's Food

2. The Articles of Organization were filed on 9/23/09 and assigned

document number L09000091819

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/15
(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).

Out of business / closed business

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

YASSIR Filali
11010 Ancient Futures Dr
Tampa FL 33647

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:

Yassir Filali
Signature

YASSIR Filali
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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: Four A's Food

Document number of Limited Liability Company is: L090000091819

Date of dissolution was: 12/31/15

Description of information that must be included in a written claim:

Closed business

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

11010 Vincent Futures Dr
Tampa FL 33647

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TALLAHASSEE, FLORIDA

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.

YASSIR Filali
Printed Name of the Person Filing

Yassir Filali
Signature of the Person Filing