

L12000018514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE  
INFORMATION SERVICES

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TALLAHASSEE, FLORIDA

2015 MAR 23 PM 3:41

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MAR 24 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A & R 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:

MD. M RAHAMAN  
(Name of Person)

A & R GROCERY, LLC  
(Firm/Company)

11205 S. ORANGE BLOSSOM TRAIL  
(Address)

ORLANDO, FL 32837  
(City/State and Zip Code)

For further information concerning this matter, please call:

MD. M RAHAMAN at ( 407 ) 851-5840  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2015

MD. M RAHAMAN  
11205 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

SUBJECT: A & R GROCERY, LLC  
Ref. Number: L12000018514

We have received your document for A & R GROCERY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 115A00004566

2015 MAR 23 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2015

MD. M RAHAMAN  
11205 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

SUBJECT: A & R GROCERY, LLC  
Ref. Number: L12000018514

We have received your document for A & R GROCERY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 715A00003739

2015 MAR 23 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
A & R GROCERY, LLC
  
2. The Articles of Organization were filed on 02/07/2012 and assigned  
document number L12000018514
  
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, (copy 605.0707 on back cover letter).  
The reason that we are filing the article of dissolution because we have closed the  
the business permanently on 12/31/2014.
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: N/A
  
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

Printed Name

**FILING FEE: \$25.00**

2015 MAR 23 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

## 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: A & R GROCERY, LLC

Document number of Limited Liability Company is: L12000018514

Date of dissolution was: 12/31/2014

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

N/A

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

N/A

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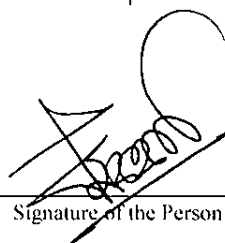
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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.

MD. M RAHAMAN

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**