# 12000053302

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
(OCT :- 5 2012				
L. SELLERS				

Office Use Only



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SECRETARY OF STATE
SECRETARY FLORIDA

# **COVER LETTER**

TO: Amendment Section Division of Corporations		
•		
SUBJECT: Valley   Name of Lin	Food Mart LLC	
Name of Li	mited Liability Company	
DOCUMENT NUMBER:	L12000055302	
The enclosed Resignation of Registered Agent for filing.	t for a Limited Liability Company and fee are submitted	
Please return all correspondence concerning th	nis matter to the following:	
Shitalben J Patel		
Name of Person		
Name of Firm/Company	·	
871 Blairmont Ln		
Address		
Lake Mary, FL 32746		
City/State and Zip Code	•	
sitalp66@hotmail.com E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter		
Shitalben J Patel	at ( 321 ) 662-3851	
Name of Person	at ( <u>321</u> ) <u>662-3851</u> Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Flori liability company or \$25.00 for an administrate limited liability company.	da Department of State for \$85.00 for an active limited tively dissolved, voluntarily dissolved or withdrawn	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509	), Florida Statutes, the undersigned,
	Munier Y Jumhawi	, hereby resigns as
	Name of Registered Agent	,
Registered Agent for	nt for Valley Food Mart LLC	
•	Name of Limited Liability C	ompany
L1200	0055302	
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed li	mited liability company at its last known address.
The agency is terminate	d and the office discontinued on th	e 31st day after the date on which this statement is filed
	Mi Signature of I	Resigning Agent
If signing on behalf of a	n entity:	
	Shitalben J	Patel
	Typed or Printed	Name
	Preside	nt
	Capacity	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Date of this notice: 04-24-2012

Employer Identification Number: 45-5119188

Form: SS-4

Number of this notice: CP 575 G

VALLEY FOOD MART LLC MUNIER JUMHAWI SOLE MBR 1414 S CRYSTAL LAKE DR ORLANDO, FL 32806

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-5119188. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

## IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

