

U15000069893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

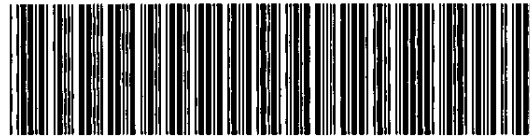
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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15 OCT 19 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2015  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **ABBEEY FOOD STORE 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:

**TEWODROS G BOGALE**

(Name of Person)

(Firm/Company)

**6164 CLEVELAND RD**

(Address)

**JACKSONVILLE FL 32209**

(City/State and Zip Code)

For further information concerning this matter, please call:

**TEWODROS G BOGALE**

(Name of Person)

at **904 674-1413**

(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

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TALLAHASSEE, FL  
SECRETARY OF STATE

## 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: ABBEY FOOD STORE LLC

Document number of Limited Liability Company is: L15000069893

Date of dissolution was: 9/1/2015

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DEPT.


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

TEWODROS G BOGALE  
6164 CLEVELAND RD  
JACKSONVILLE FL 32209

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.

TEWODROS G BOGALE

Printed Name of the Person Filing

  
Signature of the Person Filing