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(Danish Alama)							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Emily Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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March 5, 2018

ARFAKHSAD DIVAN 50 COLUMBIA DR TAMPA, FL 33606

SUBJECT: TACO CORNER, LLC Ref. Number: L17000145024

We have received your document for TACO CORNER, 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):

We have received your Notice of Dissolution form however the Articles of Dissolution form is needed to file your Voluntary Dissolution. Please complete and resubmit.

Please return the corrected original and one copy of 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.

Letter Number: 918A00004428

Brittany M Figueroa
Regulatory Specialist II
Regulatory/Qualification Section

2018 APR 18 AM 10: DEPARTMENT OF STATALLAHASSFE, FLORERAL

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LLC DISSOLUTION
DOCUMENT NUMBER: L 17000 45024
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARFAKHSAD DIVAN
(Name of Contact Person)
TACO CORNER LLC
(Firm/Company)
50 COLUMIZIA DR. T
(Address)
TAMPA FL 33606
(City/State and Zip Code)
For further information concerning this matter, please call:
ARFAKHSAD DIVAN at (813) 957-6266
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment 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 co		1			
		COLNER			·	
2.	. The Articles of Organization wer	e filed on 07	06/17	and assigned		
	document number	700014	5024			
3.	. The delayed effective date the discrete date of Note: If the date inserted in this blusted as the document's effective d	ock does not meet the applical	ble statutory filing rec	cument is received for fill quirements, this date wi	ing) ill not be	
4.	. A description of occurrence that 605.0707, Florida Statutes, (copy					
	MEMB	FRS DEC	IDED	NOT TO	7 	
	OPEN BUS	INESS. 7	HE BU	SINESS L	JAJ —	•
	OPEN BUS NEVER S	TAIZTED_		SALUA LA	2018 APR	
					— 	
5	f there are no members, enter th. a	is name and address of the $(12 + 12 + 12 + 12 + 12 + 12 + 12 + 12 +$	person appointed to	wind up the compar	ny soo ———————————————————————————————————	
	activities and affairs:	50 COLUN	1BIA	DRIVE	다. 	Ċ
	5. If there are no members, enter the activities and affairs:	TAMPA	FL	33606	 	
	_					
6	Signature of an authorized person listed above to wind up the compar	on or if there are no member by's activities and affairs:	ers, the signature of	the person appointed	i and	
	Augri		ARFA	KIT S A D	A -	DIVAN
	Signature		Printed	Name		4115/18

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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:	TACO	CORNER	Lic					
Name of Limited Liability Company: Document number of Limited Liability Company in	is:	000145	024					
Date of dissolution was: 12-31-17								
Description of information that must be included in	n a written claim:							
TO STA	NO RT 1	AGREEMEN BUSINESS	JT WHEN					
Mailing address where claims can be sent: (Claims	s cannot be sent to	the Division of Corporation	ons)					
ARF	AK1-15A	DIVA	2018					
50	COLU	MBIA D	夏va III					
TAm	PA	the Division of Corporation FL 336	E PH 4: 0					
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.								
ARFAKU 3AD D	IVAN	Signature of the Perso	va.					

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