119000057808

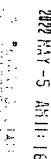
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300387020533

05/05/22--01013--016 **55.00



JUN 29 2022 M. SOLOMON

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	AYDA & MOSTAFA LLC		
SUBJECT: _	(Name of Limi	ed Liability Company)	
The enclosed	Articles of Dissolution and fee(s) are submi	ted for filing.	
Please return a	all correspondence concerning this matter to	the following:	
	AYDA ALAMIR		
	ı Na	ne of Person)	
	(Firm/Company)		
	4320 SUNBEAM ROAD APT 1223		
	(Address)		
	JACKSONVILLE, FL 32257		5期 44
	(City/St	ate and Zip Code)	·
For further inf	formation concerning this matter, please call	:	स <u>र्</u> चे'
JAM	IES E ROHER	904 704-3671 at ()	
	(Name of Person)	(Area Code & Daytime Telepho	one Number)
Enclosed is a ch	heek for the following amount:		
☐ \$25.00 Filing Fee and Certificate of Dissolution		\$55.00 Filing Fee. Certificate of Dis Certified Copy (additional copy is	
Mailing Address: Registration Section		Street Address: Registration Section	
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee FL 32314		2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

9899 HAY -5 AHIII: 1

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

AYDA & MOSTAFA LLC	<u> </u>	·		
2. The Articles of Organization were filed on $\frac{02/27/2019}{}$ and assigned				
document number L1900	0057808			
Note: If the date inserted	te the dissolution if not effective on the date tive date cannot be prior to or more than 90 days later in this block does not meet the applicable statute fective date on the Department of State's record	ory filing requirements, this date will not be		
4. A description of occurrer 605,0707, Florida Statutes	nce that resulted in the limited liability comps, (copy 605,0707 on back cover letter).	oany's dissolution pursuant to section		
The Covid-19 virus caused a dramtic loss of revenue, thus resulting in our closing				
The Covid-19 virus caused a	dramtic loss of revenue, thus resulting in our el			
The Covid-19 virus caused a	dramtic loss of revenue, thus resulting in our clo	osing		
5. If there are no members, activities and affairs:	pointed to wind up the company's			
	4320 SUNBEAM ROAD APT 1223 JACE	KSONVILLE, FL 32257		
	ALAMIR, MOSTAFAA			

AYDA ALAMIR

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:	V.L.C
Document number of Limited Liability Company is: 1.19	000057808
Date of dissolution was: 04/29/2022	
Description of information that must be included in a wri	tten claim:
Any written claims must contain the receipt date of Ayda &Mo	, _
product and the authorzied signature required. No claims will	accept filled thirty (30).days prior to this filing
	<u> </u>
Mailing address where claims can be sent: (Claims canno AYDA & MOSTAFA LLC	t be sent to the Division of Corporations)
4320 SUNBEAM ROADAPT 1223	
JACKSONVILLE, FL 32257	
A claim against the above named limited liability comparclaim is commenced within 4 years after the filing of this	
AYDA ALAMIR	Auda Flamer
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