Florida Department of State Division of Comorations Electronic Hilling Gover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAW OFFICES OF MICHAEL A. HALBERG, P.A.

Account Number : I20100000044 Phone : (954)252-0589 Fax Number : (954)320-4555

LLC DISSOLUTION OR WITHDRAWAL STOP & SHOP OF PSL, LLC

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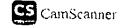
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DEC 26 2024

K. Brumbley

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited lin STOP & SHOP OF PSL, L		
	tion were filed on July 29, 2019 and assigne	d
document number L1900	•	
(effect Note: If the date inserted i	e the dissolution if not effective on the date of filing: ive date cannot be prior to or more than 90 days later than date document is rece in this block does not meet the applicable statutory filing requirements, t fective date on the Department of State's records.	ived for filing) his date will not be
A description of occurren 605.0707, Florida Statutes Completion of Busine	ce that resulted in the limited liability company's dissolution purs , (copy 605.0707 on back cover letter).	suant to section
		
	<u> </u>	·
	A SECTION OF THE SECT	
		<u></u>
If there are no members, c	nter the name and address of the person appointed to wind up the Ramesh Chandra Kundu	company's
		
		 _
Signature of an authorized we to wind up the compan	person or if there are no members, the signature of the person apy's activities and affairs:	pointed and listed
Pand	Ramesh Chandra Kundu, Member	202
gnature	Printed Name FILING FEE: \$25.00	24 DEC 23
		23 PM 3:



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.

STOP & SHOP OF PSL, LLC Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Name, address, phone number and email address of Claimant, including contact person
Dollar amount of Claim
Documentation supporting claim including, but not limited to, itemized invoices and/or billing statements, copies of
contract or agreements, etc.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) The Law Offices of Michael A. Halberg, P.A.
1401 Sawgrass Corporate Parkway
Ft. Laiuderdale, FL 33323
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.
Ramesh Chandra Kundu, Member 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

