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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER: POSODO 60 S	493
The enclosed Articles of Dissolution and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Aracli Martinez (Name of Contact Pers	
Vive Grocery Store Ind (Firm/Company)	
1891 Sweetwater Bend (Address)	
Deltona, Fl. 32738 (City/State and Zip C	ode)
For further information concerning this matter, please ca	all:
Avaceli Maytine Z at (7) (Name of Contact Person)	70) 906 - 5203 Em : Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 F Certificate of Status Certified (Additions enclosed)	al copy is Certified Copy
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

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of	f State:		
	Yire Grocery Store Inc.	_		
SECOND:	The document number of the corporation (if known): POSO0005493	3		
THIRD:	The file date of the articles of incorporation: 01-15-2008			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been distrib to the shareholders, if shares were issued.	uted	22	
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	CRET	9 TAY	•
	A majority of the incorporators authorized the dissolution.	ARY (1	i
	A majority of the directors authorized the dissolution.	OF STATE		1
			V	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an inci in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator - il	ſ	
	Matilde MaytineZ (Typed or printed name of person signing)			
	Vice President (Title of Person Signing)			

Filing Fee: \$35