P09000060239

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Roberts TJAN 28, 2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2010

JOSE UMANA K-Z GROCERY SHOP CORP. 541 ME 43RD ST APT #1 BOCA RATON, FL 33431

SUBJECT: K-Z GROCERY SHOP CORP.

Ref. Number: P09000060239

We have received your document for K-Z GROCERY SHOP CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return 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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 510A00001462

COVER LETTER TO: Amendment Section Division of Corporations SUBJECT: DisSolution of Company DOCUMENT NUMBER: P09000060239 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all $c_{\rm s}^{l,l}$ respondence concerning this matter to the following: Jose Umana (Name of Contact Person) K-Z GROCENY SHOP CORP. (Firm/Company) 541 NE 43rd ST Apt # 1 (Address) Boca Raton, FL 33431 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 687-8074 (Area Code & Daytime Telephone Number) Jose Umana (Name (f Contact Person) Enclosed is a check for the following amount: **☑**\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) MAILING DDRESS: STREET ADDRESS: Amendme I Section Division Corporations Amendment Section **Division of Corporations** P.O. Box 327 Clifton Building Tallahass FL 32314 2661 Executive Center Circle Tailahassee, FL 32301

	ARTICLES OF DISSOLUTION
Pursuant to s	section 60 4403, Florida Statutes, this Florida profit corporation submits the following articles n:
FIRST:	The nar e of the corporation as currently filed with the Florida Department of State:
	K-Z GROCERY SHOP CORP.
SECOND:	The document number of the corporation (if known): P09000060239
THIRD:	The dat edissolution was authorized: 01/05/2010
	Effective date of dissolution if applicable: 01/05/2010
	(no more than 90 days after dissolution file date)
FOURTH:	Adoptical of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Displution was approved by the shareholders through voting groups.
	The foll wing statement must be separately provided for each voting group entitled to vote eparately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	1
	(voting group)
	•
_	
S	ignature: [6] (y a director, president or other officer - if directors or officers have not been selected, by () incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by () it fiduciary)
	Jose Umana
•	(Typed or printed name of person signing)
	$\bigcap_{i=1}^{n}$
	President Ind Umare to
•	President Inte Um and (Title of person signing)

· ·	,
id M	Notice of Corporate Dissolution
This notice is submitted y tagainst this corporation a	the dissolved corporation named below for resolution of payment of unknown claims revided in s. 607.1407, F.S.
This "Notice of Corpora D	Pissolution" is optional and is not required when filling a voluntary dissolution.
Name of Corporation: 42	GROCERY SHOP CORP.
Date of dissolution will $\frac{1}{2}$; the specified in the <i>Articles</i> $\frac{1}{2}$ D	ne date the dissolution is filed with the Department of State or as **State of the dissolution.
Description of information the	hat must be included in a claim:
Closing the store de	ue to the financial situation with lack of customers with no p
A STATE OF THE STA	
<u> </u>	<u> </u>
Mailing address where c	s can be sent: (Claims cannot be sent to the Division of Corporations)
541 NE	43rd ST Apt # 1
Boca Ra	iton, FL 33431
	1
A claim against the abov nawithin 4 years after the fing	med corporation will be barred unless a proceeding to enforce the claim is commenced of this notice.
Jose Umana	
Pristed Jame	e of the Person Filing Signature of the Person Filing
1!	•