P98000055276

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

Office Use Only



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2010 APR 12 PH 4: 26 SECRETARY OF STATE TALLAHASSEE, FLORID,

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: LOS COMPADRES MEAT MARKET & GROCERY STORE INC	
DOCUMENT NUMBER: P98000055276	_ - W -
The enclosed Articles of Dissolution and fee are submitted to	for filing.
Please return all correspondence concerning this matter to the	e following:
Domingo Abinader	
(Name of Contact Person)	
AB Multi Services and Income Tax Inc	
(Firm/Company)	
38251 HWY 27 Suite 7	
(Address)	
Davenport, FL 33837	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Domingo Abinaderat (_863	419-9760
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$\sqrt{\$35}\$ Filing Fee \$\sum \$\\$43.75\$ Filing Fee & \$\sum \$\\$43.75\$ Filing Certified Copy (Additional copenclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation; of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: LOS COMPADRES MEAT MARKET & GROCERY STORE INC The document number of the corporation (if known): P98000055276 SECOND: The date dissolution was authorized: 01/01/2010 THIRD: Effective date of dissolution if applicable: 01/01/2010 no more than 90 days after dissolution file date) FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group) (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) Juan Alfaro (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

President

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of	Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corpor	ation:
	on will be the date the dissolution is filed with the Department of State or as Articles of Dissolution .
Description of in	nformation that must be included in a claim:
I buy the co	orporation as per agreement Luis Santiago will pay any debt
on IRS, Sta	ate and County, but I couldn't run my business due to this
Factors, I d	couldn't change licenses, etc.
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	712 E Myers Blvd
	Mascotte, FL 34753
	the above named corporation will be barred unless a proceeding to enforce the claim is commenced fter the filing of this notice.
Juan Alfaro	secreeled
	Printed Name of the Person Filing Signature of the Person Filing