

L 13000009752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

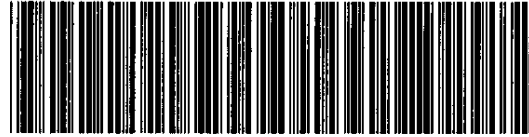
(Business Entity Name)

(Document Number)

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2014 MAR 24 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER
MAR 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSET FUND LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTINA JUSKEVICIUTE
(Name of Person)

ASSET FUND LLC
(Firm/Company)

427 GOLDEN ISLES DR 47
(Address)

HALLANDALE BEACH FL 33005
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTINA JUSKEVICIUTE at (305) 450 9943
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 MAR 24 PM 1:33

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ASSET FUND, LLC

2. The Articles of Organization were filed on 01/18/2013 and assigned

document number L13060009752

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

no activities

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

KRISTINA JUSKEVICIUTE

427 Golden Isles Dr 47

Hallandale Beach, FL 33009

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

KRISTINA JUSKEVICIUTE
Printed Name

FILING FEE: \$25.00