## L00000071582

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
<u></u>	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

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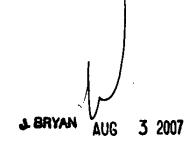


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DIVISION OF CORPORATIONS

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2007

SHIV SHAHI ATLANTIC DIAMONDS LLC 1101 WOODFIELD RD GREENACRES, FL 33415

SUBJECT: ATLANTIC DIAMONDS LLC

Ref. Number: L06000071582

We have received your document for ATLANTIC DIAMONDS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 907A00048009

PLEASE SEE ATTACHED
COMPLETED FORMS. THANK YOU

ivision of Composations D.O. BOV 6227 Tallahaggae Florida 2021

SECRETARY OF STATE
DIVISION OF CORPORATIONS ---

## **COVER LETTER**

TO: Regist Division	ration Section on of Corporations		
	Art with DIAMOND Color		
SUBJECT: _	ATLANTIC DIAMONDS, LLC (Name of Limited Liability Company)	_	
	(Name of Entitled Elaothty Company)		
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing.		
Please return al	l correspondence concerning this matter to the following:		
	SHIV SHAHI		
	(Name of Person)		
	ATLANTIC DIAMONDS, LLC		
	(Firm/Company)		
	un wondfield Rd		
	1101 woodfield Rd (Address)		
	0 m and El 22415		
Greenaeves, FL 33415 (City/State and Zip Code)		07	SIAID
For further information concerning this matter, please call: $\omega$			ECRETAL SION OF
	(Name of Person) at (56) 889 6621 (Area Code & Daytime Telephone Number)	07 AUG 31 PM  :37	RY OF STATE CORPORATIONS
	(Name of Person) (Area Code & Daytime Telephone Number)	3	TATION AT THE
	ck for the following amount: (Already paid)	7	SNC
\$25.00 Filing	Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
	•		
	MAILING ADDRESS: STREET/COURIER ADDRESS:		
	Registration Section Registration Section Division of Corporations Division of Corporations	•	

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
ATLANTIC DI	AMONDS, LLC
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved:	July 18, 2007
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of	nited liability company's dissolution pursuant to section cover letter).
Did not commen	nce business. = = =
	The business.
5. CHECK ONE:	;
rights and interests.  7. CHECK ONE:  There are no suits pending against the corporation of the corporation	ibuted among its members in accordance with their respective mpany in any court.  e satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage	of membership interests necessary to approve the dissolution
Signature	Printed Name
hiv hah!	SHIV SHAHI