

L010000012037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

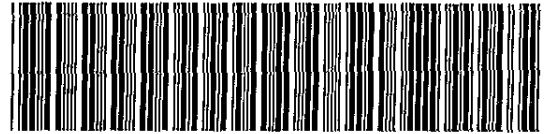
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SEPTEMBER 9, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALAHASSEE, FL 32314

DEAR SIRs:

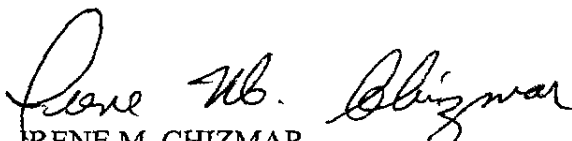
ATTACHED PLEASE FIND FORM FOR THE DISSOLUTION ON THE COMPANY
KALLISTA USA, LLC.

FOR FUTURE CORRESPONDENCE YOU CAN CONTACT MYSELF AT:

IRENE CHIZMAR
5361 NW 112TH COURT
MIAMI, FL 33178

PH: 786-356-2833

BEST REGARDS,


IRENE M. CHIZMAR

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**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Kallista USA, LLC

2. The effective date of the limited liability company's dissolution is Sept 15 / 2003

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Recession caused company to close operation
Company unable to continue profitable operations
for several months.

4. **CHECK ONE:**

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

☒ -OR-

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☐ There are no suits pending against the company in any court.

☒ -OR-

☒ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Irene M. Chizmar

Typed or Printed name

IRENE M. CHIZMAR

Filing Fee: \$25.00

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