

LO20000 26305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

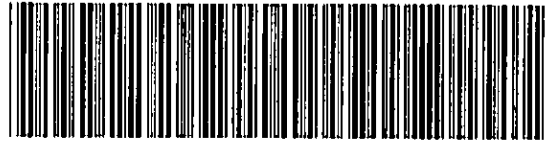
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200337856172

12/13/19--01007--023 **25.00

REU
SECRETARY OF STATE
OFFICE OF REGISTRARS
19 DEC 13 PM 12: 21

Dissolution

DEC 30 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolve a Florida Limited Liability Company

(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:

Abdalla Matar

(Name of Person)

AAKM LLC

(Firm/Company)

13021 Terrace Springs Dr.

(Address)

Temple Terrace FL 33637

(City/State and Zip Code)

For further information concerning this matter, please call:

Abdalla Matar at (813) 7275359

(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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

19 OCT 19 PM 12:21
OFFICE OF THE
CLERK OF THE
SUPREME COURT
STATE OF FLORIDA

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

1. The name of a limited liability company is

AAKM LLC

2. The Articles of Organization were filed on 10/07/2002 and assigned

document number L02000026305

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Business sold

Business sold

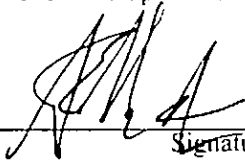
Business sold

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

activities and affairs:

Abdalla Matar

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

Abdalla Matar
Printed Name

FILING FEE: \$25.00

19 OCT 11 PM 12:21
DEPARTMENT OF STATE