

LO4000010665

00789-00524-00671 form - LC not corp

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

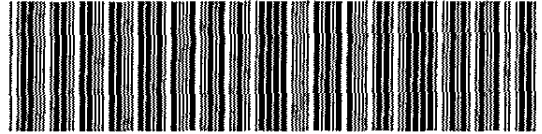
Special Instructions to Filing Officer:

4/20

diss

LO4-10665

Office Use Only



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05/04/05--01036--026 *~~25.00~~
25.00

05 JUN 23 PM 4:15

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 12, 2005

LINDA SHAHVARAN
3402 S. OMAR AVE.
TAMPA, FL 33629

SUBJECT: SHAHVARAN, LLC
Ref. Number: L04000010665

We have received your document for SHAHVARAN, 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 must complete the attached form to dissolve this Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 305A00034287

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shahvaran 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:

Linda Shahvaran
(Name of Person)

Shahvaran LLC
(Firm/Company)

3402 S Anna Ave
(Address)

Tampa FL 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Shahvaran at (813) 837 5083
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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

1. The name of the limited liability company is

Shaharan LLC

2. The date the dissolution was approved: 12-31-04

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).

Closing Business

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

Harold B. Shaharan

Typed or Printed name

Harold B. Shaharan

05 JUN 20 PM 4:15

FILED

Filing Fee: \$25.00