

L040000 44946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 APR - 9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers APR 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KELSARYAN, 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:

JEFFREY D. THORSON

(Name of Person)

KELSARYAN, LLC

(Firm/Company)

4212 W. KENSINGTON AVE

(Address)

TAMPA, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY D. THORSON

(Name of Person)

813

239-4664

at (

(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**

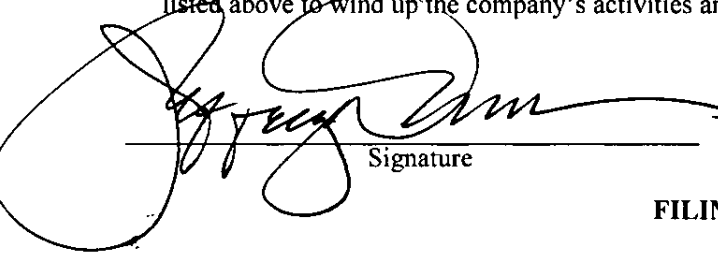
1. The name of a limited liability company is
KELSARYAN, LLC
2. The Articles of Organization were filed on 06/15/2004 and assigned
document number L04000044940
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 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).
DISPOSED OF ALL BUSINESS AS OF 12/31/2014.

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

4121 W. KENSINGTON AVENUE

TAMPA, FL 33629

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

JEFFREY D. THORSON

Printed Name

FILING FEE: \$25.00

FILED
15 APR - 9 AM 10:57
SECRETARY OF STATE
TAMPA, FLORIDA