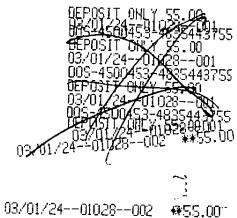
(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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03/01/24--01028--002

COVER LETTER

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	REQUEST FOR LLC DISSOLUTION T:				
SUBJECT	ted Liability Company)				
The enclosed	Articles of Dissolution and fee(s) are submi	ued for filing.			
Please return	all correspondence concerning this matter to	the following:			
	SAJEDA AHMED				
	(Na	me of Person)			
	WASSAJ LLC				
	(Firm/Company)				
	675 AVE L SE				
	(Address)				
	WINTER HAVEN FL, 33880				
	(City/St	ate and Zip Code)			
For further in	formation concerning this matter, please call	l:			
SAJ	EDA AHMED	863 293-9500 × 14			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a c	heck for the following amount:				
S25.00 Filing Fee and Certificate of Dissolution		\$\infty\$ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	. The name of a limited liability company is WASSAJ LLC		,
2.	. The Articles of Organization were filed on 03/27/2009	and assign	ied
	document number L0500098108		
3.	The delayed effective date the dissolution if not effective on the date of (effective date cannot be prior to or more than 90 days later the Note: If the date inserted in this block does not meet the applicable statutory listed as the document's effective date on the Department of State's records.	/ filing requirements.	ceived for filing) this date will not be
4.	A description of occurrence that resulted in the limited liability compa- 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). NOT ABLE TO COLLECT RENT FOR THE LAST YEAR AND A HALF	ny's dissolution pu	rsuant to section
	ponding mail is forwarded to	P.O. Box	7309
	Winter Haven iFL 33883		~;
			7 1 2
5.	If there are no members, enter the name and address of the person appearativities and affairs:	-	ne company's
	SAJEDA AHMED		<u>:</u>
6. ab	Signature of an authorized person or if there are no members, the signature to wind up the company's activities and affairs:	iture of the person :	appointed and listo
<u> </u>	Jajeda Cilvinad SAJEDA AHMEI		
		Printed Name	

FILING FEE: \$25.00