

LOS000107LE16

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

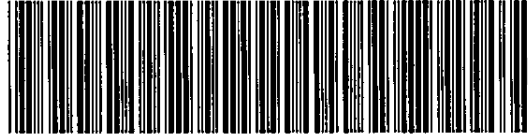
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 APR -9 PM 3:57  
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TALLAHASSEE FLORIDA

APR 22 2015  
AGENCY

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANJARASA, 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 M Earhart

(Name of Person)

Anjarasa, LLC

(Firm/Company)

3451 Chessington Drive

(Address)

Land O Lakes, FL 34638

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Earhart

(Name of Person)

727

642-8255

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is ANJARASA, LLC
2. The Articles of Organization were filed on 11/04/2005 and assigned document number L05000107616
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).  
No longer conducting business. Have not conducted any business for the past few years.  
Voluntary dissolution.

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

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 M Earhart  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

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CLERK OF STATE  
TALLAHASSEE FLORIDA

**FILED**