

LOL000043779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

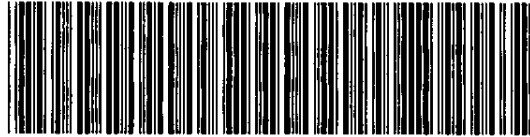
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/23/15--01033--017 **25.00

FILED
15 MAR 17 AM 8:28
MAR 15 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2015

JOEL RAYBORN
420 FAIRWAY DR
NEW ORLEANS, LA 70124

SUBJECT: MEHIMANDI LLC
Ref. Number: L06000093739

We have received your document for MEHIMANDI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00004347

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEHIMANDI 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:

JOEL PARKER RAYBORN

(Name of Person)

MEHIMANDI LLC

(Firm/Company)

420 FAIRWAY DR

(Address)

NEW ORLEANS LA 70124

(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL RAYBORN

(Name of Person)

504

458-2909

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**

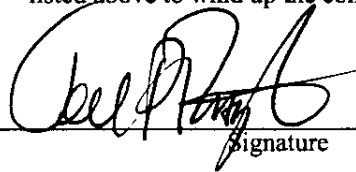
1. The name of a limited liability company is
mehimandi LLC
2. The Articles of Organization were filed on 9/25/2006 and assigned
document number L06000093739
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 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).
never got business started

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

420 Fairway Dr

New Orleans LA 70124

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

Joel P Rayborn

Printed Name

FILING FEE: \$25.00

15 MAR 17 AM 8:28
FILED