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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

Chaturan, 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:

Jayanthi S Ranasinghe					
(Name of Person)					
Chaturan. LLC					
(Firm/Company)					
6600 SW 94th CT					
(Address)					
Miami, Fl 33173					
(City/State and Zip Code)					

For further information concerning this matter, please call:

### Jayanthi S Ranasinghe

<sub>.</sub>,305

479 0549

(Name of Person)

(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 liabil	lity company is			,		
2.	The Articles of Organizatio	n were filed on _	january	8th 2007	and assign	ned	
	document number L070000	002142		-			
3.	The delayed effective date (effective)  Note: If the date inserted in a listed as the document's effective date.	his block does not	meet the	applicable statuto	ry filing requirements,		i) not be
4.	A description of occurrence 605.0707, Florida Statutes,	that resulted in to (copy 605.0707 c	the limite in back co	d liability compover letter).	oany's dissolution pu	ırsuant to sec	tion
	This is a rental property and it	has been sold.			···· • • • • • • • • • • • • • • • • •		_
5	If there are no members, en	ter the name and	address (	of the person an	nointed to wind up t	he company	2
<b>.</b>	activities and affairs:	There are 2 men		or the person up			) į
		1. Jayanthi S Ra	nasinghe			Ş* —	_
		2. Nandalal Ran	asinghe				_
6. lis	Signature of an authorized sted above to wind up the col	person or if there mpany's activitie	are no m s and affa	embers, the sig		appointed an	– id
_	Signature		_		Printed Name	_	-

**FILING FEE: \$25.00**