

LO7000018570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

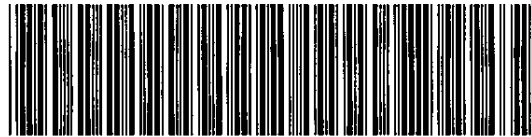
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/14--01022--022 **25.00

FILED
14 APR 16 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PASSAGE THRU INDIA 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:

ALKA GARDNER

(Name of Person)

PASSAGE THRU INDIA LLC

(Firm/Company)

5923 GUARINO DRIVE

(Address)

SARSOTA FL 34238

(City/State and Zip Code)

For further information concerning this matter, please call:

ALKA & ALAIN GARDNER

(Name of Person)

at (941) 460-6050

(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

PASSAGE THRU INDIA LLC

2. The Articles of Organization were filed on 02/16/2007 and assigned

document number L07000018570

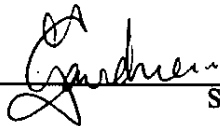
3. The delayed effective date the dissolution if not effective on the date of filing: 04/10/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Both members agree on dissolution due to inactivity for the last couple of years.

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

4/10/2014

ALKA GARDNER

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA