107000048151

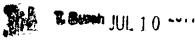
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
P. 55				

Office Use Only



200262099892

07/11/14--01002--009 **25.00



COVER LETTER

Divisio	n of Corporations	ŧ					
SUBJECT:	CRIMSON ENTERPRISES LLC						
(Name of Limited Liability Company)							
The enclosed Ar	ticles of Dissolution and fee(s) are submitte	d for filing.					
Please return all	correspondence concerning this matter to th	ne following:					
	ADEEL MUKHTAR						
(Name of Person)							
	(Firm/Company)						
	, · · ·						
	10721 NW 48TH STREET						
(Address)							
	CORAL SPRINGS, FL 33076						
(City/State and Zip Code)							
		•					
For further inform	nation concerning this matter, please call:						
ADEEL MUKHTAR		954 275-3052					
(Name of Person)		at ()(Area Code & Daytime Telephone Number)					
Enclosed is a check	c for the following amount:						
✓ \$25.0 0 F	iling Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					

✓ MAILING ADDRESS:

Registration Section

TO:

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 liab	• • •				·	
2.	The Articles of Organization	on were filed on 05/03	3/2007	and assig	and assigned		
	document number L0700	0048151					
3.	The delayed effective date (effective	the dissolution if not e	if not effective on the date of filing: 12/31/2013 or to or more than 90 days later than date document is received for filing)				
4.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the lir	mited liability company's		g- f		
					700 17100 17100		
					C 17/11 3+	7	
5.	f there are no members, enter the name and address of the person appointed to wind up the company's						
	activities and affairs:	ADEEL MUKHTA	AR ;				
		10721 NW 48TH STREET					
		CORAL SPRING	S, FL 33076				
6. liet	Signature of an authorized ted above to wind up the cor	person or if there are no	o members, the signature	of the person	appointe	 d and	
113	and above to wind up the con	inpany's activities and	atians.				
4	Ideal million.		ADEEL MUKHTA				
	Signature		Printe	ed Name			

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ADEEL MUKH	ITAR	
Document number of Limited Liability Company is:	7000048151	
Date of dissolution was:		
Date of dissolution was:	_	,•••
Description of information that must be included in a v	ritten claim:	
VOLUNTEER DISSOLUTION		
		f:
		5
		<u> </u>
Mailing address where claims can be sent: (Claims can 10721 NW 48TH STREET	not be sent to the Division	of Corporations)
CORAL SPRINGS, FL 33076		
		
A claim against the above named limited liability comp claim is commenced within 4 years after the filing of the		a proceeding to enforce the
		•
ADEEL MUKHTAR	* adulfs	Meste.
Printed Name of the Person Filing	Signature o	of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00