## Lolocoalcos

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| ·                                       |  |  |  |
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (Audress)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
|   |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
| (Business Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
|   |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
|   |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| 1 0-                                    |  |  |  |
| L. SFITERS                              |  |  |  |

Office Use Only

APR 1 5 2008

**EXAMINER** 



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APR II PM I: 5

## **COVER LETTER**

....

|                  | stration Section<br>sion of Corporations                                     |   | z  |
|------------------|--|---|--|
| SUBJECT:         | A Perfect Candle   |   | ·w - 1=  |
| SUBJECT:         |  | Limited Liability Company)                                | )  |
|                  |  |   |  |
| The enclosed     | Articles of Dissolution and fee(s) are so                                    | ubmitted for filing.                                      |  |
| Please return    | all correspondence concerning this matt                                      | ter to the following:                                     |  |
|                  | Shahana Ahmed  |   |  |
|                  |  | (Name of Person)  |  |
|                  | A Perfect Candle   |   |  |
|                  |  | (Firm/Company)  |  |
|                  | 204 Peppertree Drive   |   | and the second s |
|                  |  | (Address)   |  |
|                  | Orlando, FL 32825  |   |  |
|                  | (Ci  | ty/State and Zip Code)                                    | •  |
| For further inf  | ormation concerning this matter, please                                      | e call:   |  |
| Sha              | ahana Ahmed  | at ( 407  | 453-4464   |
| <del></del>      | (Name of Person)   | (Area Code  | & Daytime Telephone Number)  |
| Enclosed is a ch | eck for the following amount:  |   |  |
| \$25.00 Filing   | Fee 30.00 Filing Fee & Certificate of Status                                 | \$55.00 Filing Fee & Certified Copy (additional copy is e | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)   |
|                  | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | Registra<br>Division<br>Clifton                           | CT/COURIER ADDRESS:<br>ation Section<br>n of Corporations<br>Building  |
|                  | Tallahassee, FL 32314  | 2001 EX   | xecutive Center Circle   |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2008 APR 11 PM 1:59

| The name of a limited liability company is     A Perfect Candle   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |
|---|--|
| 2. The Articles of Organization were filed on 09/20/2007 L07000096003   | and assigned document number   |
| 3. The date the dissolution was approved: 04/04/2008  | v company's dissolution pursuant to costion  |
| <ol> <li>A description of occurrence that resulted in the limited liability<br/>608.441, Florida Statutes, (copy 608.441 on back cover letter).</li> <li>Business ceased operations and shut dow</li> </ol>   |  |
|   |  |
| <ul> <li>5. CHECK ONE:</li> <li>All debts, obligations and liabilities of the limited liabilities of the limited liabilities.</li> <li>6. All remaining property and assets have been distributed among rights and interests.</li> <li>7. CHECK ONE:</li> <li>There are no suits pending against the company in any OR-Adequate provision has been made for the satisfaction entered against it in any pending suit.</li> </ul> | ations and liabilities pursuant to s. 608.4421. its members in accordance with their respective court. |
| signatures of the members having the same percentage of memberships.  Signature   | ip interests necessary to approve the dissolution:  Printed Name                                       |
| Shahana Dued  | Shahana Ahmed  |
|   |  |
|   |  |

FILING FEE: \$25.00