LU7000118580

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B. KOHR
JAN 21 2011
EXAMINER

SECRETARY OF STATE OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: UNICAST, 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:		
HARISH HATHIWALA		
(Name of Person)		
HARISH HATHIWALA,CPA		
(Firm/Company)		
591 SUMMIT AVE, RM # 203		
(Address)		
JERSEY CITY, NJ 07306		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
HARISH HATHIWALA, CPA at 201 656 2000		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

The name of a limited liability company is UNICAST LLC	
2. The Articles of Organization were filed on NO L07000118580	V 28, 2007 and assigned document number
3. The date the dissolution was approved: DECE	EMBER 31ST 2010
	imited liability company's dissolution pursuant to section k cover letter).
5. CHECK ONE:	
	he limited liability company have been paid or discharged. he debts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distrights and interests.	ributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the control of t	ompany in any court. the satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Himight Silvand	HIMJIT SIKAND

FILING FEE: \$25.00