

L0800019074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

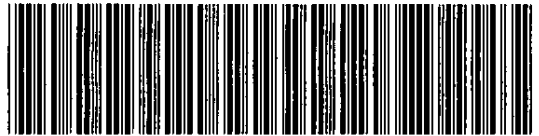
(Business Entity Name)

(Document Number)

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03/30/09--01053--008 \*\*55.00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLISTER BANKS, 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:

SONIA SHARMA

(Name of Person)

ALLISTER BANKS, LLC

(Firm/Company)

7855 ARGYLE FOREST BLVD., SUITE 802

(Address)

JACKSONVILLE FL 32244

(City/State and Zip Code)

For further information concerning this matter, please call:

SONIA SHARMA

(Name of Person)

at ( 904 ) 6880737

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

COVER LETTER FOR DISSOLUTION OF LLC ORGANIZATION

SONIA SHARMA, MD.  
7855 ARGYLE FOREST BLVD # 802  
JACKSONVILLE, FL 32244

904-688-0737

I WOULD LIKE TO DISSOLVE MY LLC USING THE FORMS AND CHECKS  
CONTAINED IN THIS PACKAGE. MY PARTNER HAS TRANSFERRED ALL  
OWNERSHIP TO ME AND I HAVE THE SOLE AUTHORITY TO DISSOLVE THIS  
LLC.

THANK YOU AND LET ME KNOW IF YOU HAVE ANY OTHER QUESTIONS,

SONIA SHARMA, MD.

March 26, 2009

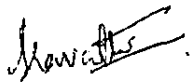
To Whom It May Concern

Dear Sir/ Madam

This letter is to verify that I ( Sravanthi Thadishina) have authorized the sale and transfer of my shares in Allister Banks, LLC to Sonia Sharma.

If you have any questions you can contact me at 703-200-4132.

Sincerely

A handwritten signature in black ink, appearing to read 'Sravanthi', with a stylized flourish extending from the end.

Sravanthi Thadishina

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

09 MAR 30 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

Allister Banks, LLC

2. The Articles of Organization were filed on

02/08/2008

and assigned document number

L08000019074

3. The date the dissolution was approved:

03/26/2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

A decision was made not to move forward on  
business project.

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

S. Shaine

Sonia Spilant