L08000078607

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE

COVER LETTER

Division	of Corporations		
SUBJECT:	MANJU JEWELS LLC		
(Name of Limited Liability Company)			
The enclosed Art	icles of Dissolution and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
7 10000 10000			
	(Name of Person)		
(Name of Person)			
(Firm/Company)			
	4056 S.W. 132 NO AVENUE (Address)		
(Address)			
	DAVIE FL 33336 (City/State and Zip Code)		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
_ <u>K</u>	AMAL GWALAN at (954) 612-0570 (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a chec	k 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

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 liability company is
MAHJU JEWELS LLC
2. The Articles of Organization were filed on 4/17/2068 and assigned
document number <u>L08000038803</u>
3. The delayed effective date the dissolution if not effective on the date of filing: (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).
BUSINESS CLOSED OPERATIONS
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:
MANNA GIALIA KUNDE CNUEVERIA
Signature Printed Name

FILING FEE: \$25.00