

LO8 000064899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

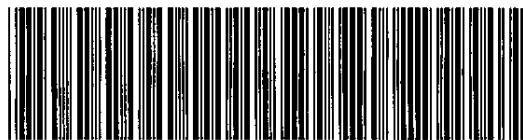
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500264227875

09/16/14--01009--021 **25.00

FILED
2014 SEP 16 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 19 2014

CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Award Maker 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:

Sukanti lyne Husain

(Name of Person)

(Firm/Company)

9317 Arborwood Cir

(Address)

Davie, FL 33328

(City/State and Zip Code)

FILED
2014 SEP 16 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sukanti lyne Husain

(Name of Person)

954

283-8693

at

(Area Code & Daytime Telephone Number)

Enclosed is a check 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
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

My Award Maker LLC

2. The Articles of Organization were filed on 07/03/2008 and assigned

document number L08000064899

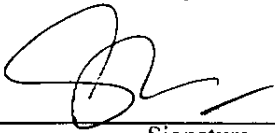
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Downturn in business and low turnover.

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:



Signature

SUKANTI IYNE HUSAIN

Printed Name

FILING FEE: \$25.00

2014 SEP 16 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED