# 109000035926

(Requestor's Name)							
(Address)							
(Address)							
(Addless)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Linky Name)							
(Document Number)							
Certified Copies Certificates of Status							
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1. SHEWORE MAR 1 0 2014



#### **COVER LETTER**

		istration Section (sion of Corporations				
SUBJEC	CT:	KRASIM LLC				
		(Name of Limit	ed Liability Comp	any)		
Γhe encl	osed	Articles of Dissolution and fee(s) are submitt	ed for filing.			
		all correspondence concerning this matter to				
		Aida Dali and Lialia Nourouche	eva			
		(Narr	ne of Person)			
		KRASIM LLC				
	(Firm/Company)					
		9 Wainshire Place				
		(,	Address)			
		Palm Coast, FL 32164				
		(City/Sta	te and Zip Code)			
For furth	er in	formation concerning this matter, please call:				
	Aic	la Dali	512	720-8860		
	-	(Name of Person)	at (	Code & Daytime Telephone Number)		
Enclosed	is a c	heck 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  KRASIM LLC								
2.	2. The Articles of Organization were filed on	107/20	2/4 and ass	igned					
	document number L09000035926	_							
3.	3. The delayed effective date the dissolution if not effective date cannot be prior to or more	ctive on the dat than 90 days late	e of filing: r than date document i	s received f	or filing)				
4.	4. A description of occurrence that resulted in the limite 605.0707, Florida Statutes, (copy 605.0707 on back c			ı pursuant	to section				
Aida Dali moved to Texas and Lialia Nouroucheva has retired.									
5.	5. If there are no members, enter the name and address activities and affairs:	of the person a	ppointed to wind u	p the con	npany's				
	Aida Da	1;							
	10306 M. Austin,	orado	Cove, 1	pt.	254				
	Austin,	7x	78759						
6. Iis	6. Signature of an authorized person or if there are no misted above to wind up the company's activities and affi	nembers, the significations	gnature of the pers	on appoir	nted and				
				: 13 = 181 =	7				
	That	Aida Dali			おり				
	Signature		Printed Name	- 20.5°	3/				

FILING FEE: \$25.00