

LD9000074692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

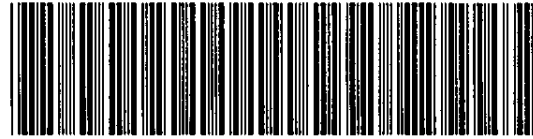
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300256965083

02/24/14--01026--001 **25.00

FILED
2014 FEB 24 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB 26 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LASILK 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:

Tareq Tujjar

(Name of Person)

(Firm/Company)

11150 Ledgement Ln

(Address)

Windermere/ Florida/ 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Tareq Tujjar

(Name of Person)

at (407) 6201672

(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

FILED
2014 FEB 24 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

LASILK LLC

2. The Articles of Organization were filed on August 04, 2009 and assigned
document number L09000074692

3. The delayed effective date the dissolution if not effective on the date of 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).

The company experienced a huge drop in business and negative profitability.

Had a negative cash flow and were unable to maintain operation.

Company was forced to shutdown due to lack of cash and inability to pay expenses.

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

Printed Name

Tareq Tujjar

Tareq Tujjar

FILING FEE: \$25.00