69000088728

(R	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	; #)
		MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	V



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COVER LETTER



TO: **Registration Section Division of Corporations**

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ECHNOLOGY SUBJECT: mited Liability Company)

The enclosed Articles of Dissolution and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUHAILABBAS JUSAB HUSAIN JAFFER TECHNOLOGY DEPOT LLC (Firm/Company) MONROE RD # 470953 (Address) 755 LAKE MONROE, FL 32747-0953 (City/State and Zip Code) 2014 HAY 30 ŀ For further information concerning this matter, please call: [*****]``, USAB at 407 964 1066 72 (Area Code & Daytime Telephone Number) SUHAILABBAS Name of Person) ച

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:

ç,

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	
	TECHNOLOGY DEPOT, LLC	
2.	The Articles of Organization were filed on $\frac{09/15/2009}{09/15/2009}$ and assigned	
	document number L09000088728	
3.	The delayed effective date the dissolution if not effective on the date of filing: $05/31/2014$ (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).	1
-	DECLINING & COMPETITIVE INDUSTRY MADE BUSINESS	
	UNPROFITABLE	
Lape		anter gantar
		2 L4-+2 2 5 5 5 4
5.	If there are no members, enter the name and address of the person appointed to wind up the $\overrightarrow{companys}$	5.
	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

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SUHAILABBAS JUSAB

Printed Name

FILING FEE: \$25.00