

L09000097853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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10 FEB 23 AM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 24 2010

EXAMINER

Alireza Ajdari  
42-3405 Plateau Blvd.  
Coquitlam, BC V3E 3L7  
Canada

February 18, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Registration Representative:

I would like to submit a dissolution request for IT Splice LLC with an assigned document number of L09000097853. I have attached the necessary forms along with a \$60 check for processing fee.

Please note that the agent's address on file belongs to Mr. Masoud Milani, a U.S. citizen, whom I was planning to partner with. However the operating agreement was never signed between us because Mr. Milani changed his mind about the business soon after IT Splice LLC was registered. As a result, IT Splice LLC never started its operation in Florida.

As I am a Canadian Citizen living in Coquitlam, BC without a U.S. address, I would appreciate if you could forward all future correspondence to my home address on top on this letter instead of Mr. Milani's address on file.

Please do not hesitate to contact me by phone at (604)765-1246 or by email at [Ali.Ajdari@gmail.com](mailto:Ali.Ajdari@gmail.com) should you have any questions or require more information.

Sincerely,



Alireza Ajdari

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IT Splice 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:

ALIREZA AJDARI

(Name of Person)

(Firm/Company)

42-3405 Plateau Blvd.

(Address)

Coquitlam, BC V3E 3L7, CANADA

(City/State and Zip Code)

For further information concerning this matter, please call:

ALIREZA AJDARI

(Name of Person)

at ( 604 ) 945-3060

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
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

IT Splice LLC.

2. The Articles of Organization were filed on 10/09/2009 and assigned document number L09000097853.

3. The date the dissolution was approved: 12/26/2009.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

U.S. partner changed his mind about doing business. The operating agreement was never signed and

IT Splice did not start its operation in Florida.

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TALLAHASSEE, FLORIDA

**5. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

A. Ajdari

Printed Name

ALIREZA AJDARI