604 000 117025

	(Requestor's Name)	
	(Address)	
	(Address)	
<u>, </u>	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of s	Status
Special Instructions	s to Filing Officer:	
Certified Copies	Certificates of a	Status





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06/03/16--01008--021 **25.00



COVER LETTER

Division of Corporations
SUBJECT:
(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:
Dharam Maharaj
(Name of Person)
(Firm/Company)
_
(Address)
(Address)
Miami Beach, 76 33139
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 570 - 1283 (Area Code & Daytime Telephone Number)
(Name of Person) (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. STREET/COUDIED ADDRESS.

MAILING ADDRESS:

TO:

Registration Section

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 is	Dharn	na Tr	ade, L	LC.	
2. The Articles of Organization were filed of	on	12/07/	2009	and ass	signed	
document number	025					
3. The delayed effective date the dissolutio (effective date cannot be Note: If the date inserted in this block does listed as the document's effective date on the	prior to or a s not meet	more than 90 day the applicable	ys later than d statutory fili	ate document i	s received for	
4. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.070	d in the lii 707 on bac	mited liability k cover letter	company'	s dissolutior	n pursuant	to section
Business operations	cease	d due	b	inac hu	4	
					/	
·					<u> </u>	
5. If there are no members, enter the name a activities and affairs:		ess of the pers			ip the com	pany's ≦
uotivitios dila dilaiis.		· ····································				3
						رق <u>ج</u>
·					2 h	<u> </u>
6. Signature of an authorized person or if the listed above to wind up the company's activities.	here are n	o members, t affairs:	he signatur	e of the pers	on appoint	ed and
Det 5		Ì)hara.	n Ma	haraj	
Signature			Prin	ted Name		

FILING FEE: \$25.00