

L09000 119459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

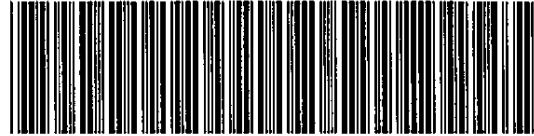
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100293152301

12/30/16--01005--006 **25.00

16 DEC 30 PM 1:32

FILED
CLERK OF COURT
JANUARY 1, 2017
JANUARY 1, 2017

DEC 30 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCFIRE INC
(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:

GARY R MAQRAM
(Name of Person)

MAQRAM & MAQRAM PA
(Firm/Company)

11788 W SAMPLE ROAD Suite 104
(Address)

CORAL SPRINGS FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY R MAQRAM at (954) 449 7624
(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:

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

ARCFYRE LLC

2. The Articles of Organization were filed on 12/16/2009 and assigned

document number L09000119459

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

COMPANY HAS SOLD ITS ONLY ASSET (RENTAL
REAL ESTATE) AND HAS GIVEN PROCEEDS OF
SALE TO SOLE MEMBER AS RETURN OF ITS
CONTRIBUTED MEMBER EQUITY

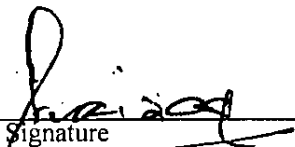
5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs: _____

16 DEC 30 PM 1:32

FILED
DEPARTMENT OF STATE
CORPORATION

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

KAIZAD MANECK SOPARIWALA
Printed Name

FILING FEE: \$25.00