L116000 32474

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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06/14/16--01033--005 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

SHR IFCT.

Shikany 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:

Walter R. Shikany, Jr. (Name of Person)					
(Firm/Company)					
8320 NW 30th Terrace					
(Address)					
Doral, Florida 33122					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Patricia Varney

__305- \

62-2988

(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 liabili	ty company is		<u></u> .		
2.	The Articles of Organization	were filed on Marc	h 16, 2011	and assigned		
	document number L1100003	2434				
3.	Note: If the date inserted in the	the dissolution if not effective on the date of filing: 2/6/16 date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.				
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the licopy 605.0707 on ba	mited liability company	y's dissolution pursuant to section		
Closed Restaurant and sold all the assests.						
5.	If there are no members, enter activities and affairs:	er the name and addr Walter R. Shikany, J		nted to wind up the company's		
	activities and arrairs.	·				

				S. Ass. Sympolic and State of		
				7		
6. lis	Signature of an authorized potted above to wind up the com	erson or if there are a pany's activities and	no members, the signatu Laffairs:	ire of the person appointed and		
	ulalla pe					
1	Ulter A	Malley	Walter R. Shikany,			
	Signature		Pr	inted Name		
		/ FILING	G FEE: \$25.00			