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5. B. C. M.

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations

ANDANA 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:

Name of Person) (Firm/Company) 7780 JSlewood CT (Address) SANFORD FL 32771 (City/State and Zip Code)

For further information concerning this matter, please call:

n) at (407) 547-6121 (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 VANDANA-PATEL LLC		
	were filed on $04 14 2011$ and assigned		
document number	000044429		
3. The delayed effective date th (effective)	the dissolution if not effective on the date of filing:		
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).		
	closing business not instainable		
 If there are no members, entrance activities and affairs: 	er the name and address of the person appointed to wind up the company's		
activities and arrans.	SUNIL PATEL		
	7780 Islewood of The P		
	SANFORD FL 3277122 5		
6. Signature of an authorized p listed above to wind up the com	erson or if there are no members, the signature of the person appointed and inpany's activities and affairs:		

SUNIL PATEL Printed Name

Signature

FILING FEE: \$25.00