

1  
L11000089962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

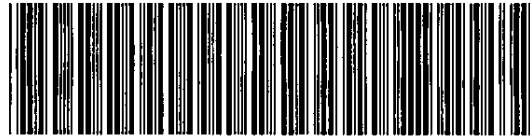
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*prior effective date*

Office Use Only



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03/04/15--01014--029 \*\*55.00

*effective date 3/21/15*

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15 APR 21 AM 10:51  
SECRETARY  
FALL MASSACHUSETTS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOTHADIAR 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:

MARTHA ARISTIZABAL  
(Name of Person)

(Firm/Company)

3118 W Addison DR.  
(Address)

Alpharetta GA 30022  
(City/State and Zip Code)

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SECRETARY  
TALLAHASSEE

For further information concerning this matter, please call:

MARTHA ARISTIZABAL at 770, 609 6002  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2015

MARTHA ARISTIZABAL  
3118 W ADDISON DR  
ALPHARETTA, GA 30022

SUBJECT: MOTHADIAR, LLC  
Ref. Number: L11000089962

We have received your document for MOTHADIAR, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 315A00006157

RECEIVED  
15 APR 21 PM 1:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Mothadjar LLC

2. The Articles of Organization were filed on 08/05/2011 and assigned

document number L11000089962

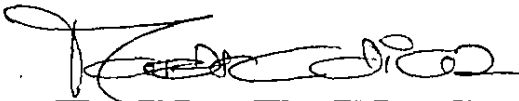
3. The delayed effective date the dissolution if not effective on the date of filing: MAY 31st, 2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Voluntary dissolution

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

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

MARTHA ARISTIZABAL

Printed Name

FILING FEE: \$25.00

15 APR 21 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED