De 11507

| (Re | equestor's Name) | | | |
|-------------------------|------------------------|------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| . (Do | ocument Number) | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to | Filing Officer: | | | |
| ! | • | } | | |
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| | | | | |

Office Use Only

G. MCLEOD

JUN 5 - 2012

EXAMINER



300233212573

05/01/12--01019--004 **35.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2012

ANSON LALMANSIGH 571 NUTMEG CT CHULUOTA, FL 32766

SUBJECT: CROSSING THE LINE LLC

Ref. Number: L11000115075

We have received your document for CROSSING THE LINE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Gina McLeod Regulatory Specialist II

Letter Number: 012A00013665

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: CROSSING THE LINE (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: |
| ANSON LALMANSING GAT |
| (Table of Follow) |
| (Firm/Company) |
| 571 NUTMEG CT |
| CHULUO TA FL 32766 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| ANSON LALMANSINUT at (347) 228 8496 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & 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 CROSSING THE | ELINE | LLC | • | |
|---|-------------------|------------------|-----------------|--------------------------|
| _ | 07 201 | | assigned docur | nent number |
| 3. The date the dissolution was approved: | 17 | | | |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover | liability compa | ny's dissolution | on pursuant to | section |
| BUISNESS VENTURE NEVE | R ST | ARTED | | 2 ≂ |
| NO ACTIVITIES TOOK | PLACE | | E C | |
| | | | | |
| 5. CHECK ONE: All debts, obligations and liabilities of the limit OR- | ted liability con | mpany have be | een paid or dis | 를 다. char ed . |
| Adequate provision has been made for the debt 6. All remaining property and assets have been distributed | . • | • | | |
| rights and interests. 7. CHECK ONE: | - | | | · |
| There are no suits pending against the company -OR- Adequate provision has been made for the satistic entered against it in any pending suit. | • | judgment, ord | er or decree w | hich may be |
| ignatures of the members having the same percentage of me | embership inter | ests necessary | to approve the | dissolution: |
| Signature | Printed Name | | | |
| het Mar | | Frank | Mus | Ko |
| Alfra L | H | USON L | ALMANS | INGH |
| | | | | |
| | | | | |