

L11000137901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

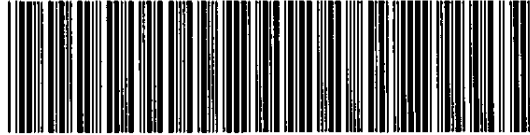
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 27 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAST IRON GRILLE 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:

DR HALA AHMAD LOTFY

(Name of Person)

NEGM CONSTRUCTION AND MEDICAL MANUFACTURING

(Firm/Company)

43 GAMEAT EL-DOWAL EL-ARABIA

(Address)

MOHANDESSINE, EGYPT 12411

(City/State and Zip Code)

For further information concerning this matter, please call:

ABDULLAH ABDEL-HAMEED

(Name of Person)

at (352) 226-0899

(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
CAST IRON GRILL LLC
2. The Articles of Organization were filed on 12/07/2011 and assigned
document number L11000137901
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)
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).
- LACK OF BUSINESS
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:

Dr. Hala Lotfi
Signature

DR HALA AHMAD LOTFY
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA