L170000 41974

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





500313388615

05/24/18--01004--013 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

BECT.

IBRAHIM AYYAD ENTERPRISES, 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:

IBRAHIM AYYAD (Name of Person)				
P O BOX 17899				
(Address)				
PENSACOLA, FL 32522				
(City/State and Zip Code)				

For further information concerning this matter, please call:

IBRAHIM AYYAD

723-0425

(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

I. The name of a limited lia IBRAHIM AYYAD ENTE		<u></u>	
The Articles of Organizat	ion were filed on 03/20/2013	an	nd assigned
document number L13000	041974		
(effect) Note: If the date inserted i	e the dissolution if not effective we date cannot be prior to or more than in this block does not meet the applicative date on the Department of St	90 days later than date docur cable statutory filing requi	
. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limited lia , (copy 605.0707 on back cover	bility company's dissol letter).	ution pursuant to section
ALL BUSINESS ACTIVITI	ES OF THE LLC WERE SOLD OF	R OTHERWISE DISPOSI	ED OF.
			TALLAHAY
. If there are no members, o	enter the name and address of the	e person appointed to w	ind up the आर्षाpany
activities and affairs:			PHI2: 2
			64
. Signature of an authorized sted above to wind up the c	d person or if there are no memb ompany's activities and affairs:	ers, the signature of the	person appointed and
Signature		The hin	Ayy.

FILING FEE: \$25.00