L13000051607

(Re	equestor's Name)	·····
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
5. 8 L .	Office Use On	nlv



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09/08/14--01050--008 **25.00

2014 SEP -8 PH 1: 16

SEP, 12 MM D. BRUCE

COVER LETTER

Division of Corporations
SUBJECT: EuRopean For Diese 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:
AURAHAM Cohen
(Name of Person)
(C:(C)
(Firm/Company)
1000 Tan Kunu Do
(Address)
1000 Tar Kview DR (Address) Hallandale B- Fl 33 009
(City/State and Zip Code)
For further information concerning this matter, please call:
Avrahan Cohen at 954 583-62-06 To The (Name of Person) (Area Code & Daytime Telephone Number)
(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:

TO:

Registration Section

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 liab	Ever pear, Diese / L	<u></u>
2. The Articles of Organization	1/0/2 12	signed
document number	1 30000 5/6 07	
3. The delayed effective date (effective	e the dissolution if not effective on the date of filing:	is received for filing)
4. A description of occurrence 605.0707, Florida Statutes,	ce that resulted in the limited liability company's dissolution, (copy 605.0707 on back cover letter).	n pursuant to section
Tartner	135vas	
		201
	enter the name and address of the person appointed to wind u	ip the company's
activities and affairs:	1000 Parkview Drive	
	Hallandale, PT 33009	57 5
6. Signature of an authorized listed above to wind up the co	I person or if there are no members, the signature of the persompany's activities and affairs:	son appointed and
	AURAHAM CO	then
Signature	Printed Name	riee)

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: EUropean Dresel LLC	
Document number of Limited Liability Company is: <u>L13008051607</u>	
Date of dissolution was: $\frac{9/3}{20/4}$	
Description of information that must be included in a written claim:	
Partner Issues	
den S	1
On I your	si m
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
1000 Fackurw DR	ř.
Halland ale B-F) 33009	
A claim against the above named limited liability company will be barred unless a proceeding to enforce the	
claim is commenced within 4 years after the filing of this notice.	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Per