

43 000655065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

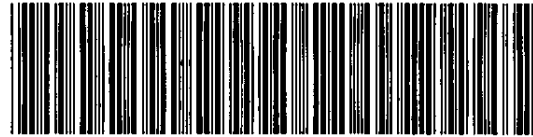
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/09/14--01047--010 **25.00

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TALLAHASSEE, FLORIDA
16 JUN -9 PM 2:09
2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Persianz, 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:

Karyna Gonzalez Rabagh, Esq.
(Name of Person)

Karyna Gonzalez Rabagh, P.A.
(Firm/Company)

20801 Biscayne Blvd. Suite 306
(Address)

Aventura, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Karyna Gonzalez Rabagh at (305) 792-4911
(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

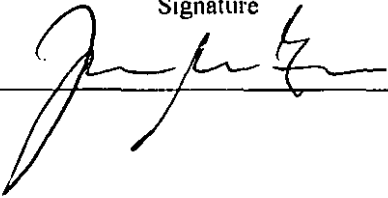
1. The name of a limited liability company is ^{has}
Persian2 ~~DEVELOP~~ LLC
2. The Articles of Organization were filed on _____ and assigned
document number _____
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Plan of liquidation and transfer.

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



Printed Name

JUAN FIGUEZ TORASCA

FILING FEE: \$25.00

14 JUN -9 PM 2:09
CLERK OF STATE
TALLAHASSEE, FLORIDA