

L13 0000 56944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

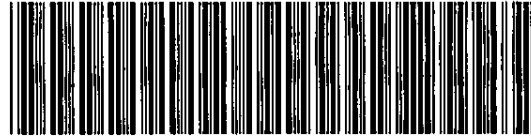
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/13/15--01016--002 **25.00

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2015 FEB 13 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan, FEB 19, 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDFAR STUDIOS 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:

SEPANDAN FARNIA

(Name of Person)

(Firm/Company)

2945 LICHEN LN. UNIT C

(Address)

CLEARWATER, FL 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

SEPANDAN FARNIA

(Name of Person)

813

484-3304

at ()

(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

FILED

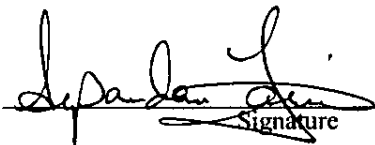
2015 FEB 13 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
SANDFAR STUDIOS LLC
2. The Articles of Organization were filed on April 15, 2013 and assigned
document number L13000056944
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).
No revenue and no costs for an entire year.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Sepandan Farnia
2945 Lichen Ln. Unit C
Clearwater, FL 33760

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

Sepandan Farnia

Printed Name

FILING FEE: \$25.00