

L13000 140205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

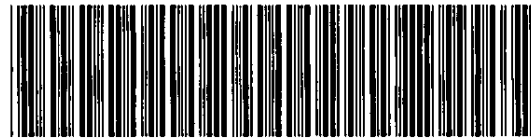
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING ASSOCIATES, INC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BHAGWANTI S.A. LLC

DOCUMENT NUMBER: L13000140205

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NUBIA C GARCIA

(Name of Contact Person)

D'LEON ENTERPRISE

(Firm/Company)

1900 SABAL PALM DR SUITE 101

(Address)

DAVIE, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

NUBIA C GARCIA

(Name of Contact Person)

at (**305**)

(Area Code)

781-4165

(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

\$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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
BHAGWANTI S.A. LLC

2. The Articles of Organization were filed on 10/03/13 and assigned
document number L13000140205

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).
DISSOLUTION WAS APPROVED BY THE SHAREHOLDER.

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:

Fernanda Meneses S.
Signature

ECILDA MENESES
Printed Name

FILING FEE: \$25.00

NOV 11 2013
10:00 AM
STATE OF FLORIDA
SECRETARY OF STATE