

L13000173553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

2014 JAN 21 PM 3:20

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hemani Herbal 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:

Mudassir Mawji

(Name of Person)

(Firm/Company)

(Address)

622 Samantha Lane Lake Mary , FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Mudassir Mawji

(Name of Person)

at (

321

4449666

(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

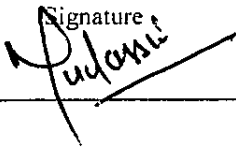
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Hemani Herbal LLC
2. The Articles of Organization were filed on December 17, 2013 and assigned  
document number 113000173553
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).  
Manager's decision  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed to  
above to wind up the company's activities and affairs: \_\_\_\_\_

Signature  


Printed Name

Mudassir Mawji

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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