

L14 0000 25415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 APR 27 AM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED MAY 6 2015

5/1

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

1. The name of a limited liability company is  
**SHAMANS LIGHT AYLLU LLC**
2. The Articles of Organization were filed on **February 13, 2014** and assigned  
document number **L14000025415**
3. The delayed effective date the dissolution if not effective on the date of filing: **5-1-15**  
(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).  
**Fulfillment of its business purposes.**
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: **Thomas J Bachmeyer**  
**100 Via Royale, # 101**  
**Jupiter, FL 33458 (through 4-30-15)**
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

**Thomas J Bachmeyer**

Printed Name

**FILING FEE: \$25.00**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHAMANS LIGHT AYLLU 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:

Thomas J Bachmeyer

(Name of Person)

(Firm/Company)

6750 Planting Street, # 1106 (effective 5-1-15)

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas J Bachmeyer

(Name of Person)

561

801-5752

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

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