# L14000061780

| (Re                     | equestor's Name)   |             |  |  |
|-------------------------|--------------------|-------------|--|--|
| (Ac                     | ddress)            |             |  |  |
| (Ac                     | idress)            |             |  |  |
| (Cit                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                     | ısiness Entity Nar | me)         |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
|                         |                    |             |  |  |
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|                         | Office Use On      | lv          |  |  |



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2015

MEEHIR VAKHARIA 1073 WILLA SPRINGS DRIVE, SUITE 1045 WINTER SPRINGS, FL 32708

SUBJECT: VAKHARIA ACCOUNTING AND CONSULTING LLC

Ref. Number: L14000061780

We have received your document for VAKHARIA ACCOUNTING AND CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 415A00026755

### **COVER LETTER**

TO: Registration Section Division of Corporations VAKHARIA ACCOUNTING AND CONSULTING (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: MEEHIR VAKHARIA
(Name of Person) (Firm/Company) 1073 WILLA SPRINGS DR SOITE 1045 WINTER SPRINGS, FL 32708 For further information concerning this matter, please call: MEEHIR VAKHARIA at ( 407 ) 924-57-0 6 (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) check already sent 135 MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1.        | . The name of a limited liabil   | ity company is                             |                                      |                              |  |
|-----------|--|--|--------------------------------------|------------------------------|--|
|           | VAKHARIA AC  | COUNTING                                   | AND CONSU                            | SLTING                       | ·  |
| 2.        | . The Articles of Organization   | n were filed on <u></u>                    | ARCH 26, 20                          | and assigned                 | i  |
|           | document number <u>L140</u>  | 20061780                                   | ······                               |                              |  |
| 3.        | . The delayed effective date t (effective Note: If the date inserted in the listed as the document's effective date to the delayed effective note. | his block does not me                      | et the applicable statuto            | ory filing requirements, the | <b>2015</b> ved for filing) is date will not |
| 4.        | . A description of occurrence 605.0707, Florida Statutes, (  | copy 605.0707 on t                         | back cover letter).                  | pany's dissolution purs      | uant to section                              |
|           | Company no l   | mger closes                                | business.                            |                              | <u> </u>                                     |
|           |  |  | , ,                                  |                              |  |
|           |  |  |                                      |                              | <del></del>                                  |
| 5.        | If there are no members, ent activities and affairs:   | _  | dress of the person ap               | ppointed to wind up the      | company's                                    |
|           |  | 1073 WI                                    | LAS PRING                            | 5 DR                         |  |
|           |  | SUITE 10                                   | 045                                  |                              | <del> </del>                                 |
|           |  | WINTER                                     | BPRINGS,                             | FC 32708                     |  |
| 6.<br>Iis | . Signature of an authorized pisted above to wind up the con   | erson or if there are apany's activities a | e no members, the sig<br>nd affairs: | nature of the person ap      | pointed and                                  |
|           | 14   | _  |                                      | 1.1                          |  |
| 1         | Signature  |  | MEEHIR                               | Printed Name                 |  |
|           |  | FILE                                       | NG FEE: \$25.00                      | SECRETA<br>SELAHAS           | 2016 JAN 2                                   |
|           |  |  |                                      | 5,72                         | (T   |

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

MEHIR VAKHARIA

Printed Name of the Person Filing

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

| Document number of Limited Liability Company is: <u>214000061780</u>   | <del></del>      |                      |
|--|------------------|----------------------|
| Date of dissolution was: 12/31/2015  |                  |                      |
| Description of information that must be included in a written claim:   |                  |                      |
|  |                  |                      |
|  |                  |                      |
|  |                  |                      |
|  |                  |                      |
|  |                  |                      |
|  |                  |                      |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division   | of Corporations) |                      |
| 1073 WILLA SPRINGS DR  |                  |                      |
| SUITE 1045   | JAN 26<br>AHASSE | CHARLES<br>CERTIFICA |
| WINTER SPRINGS, FC 32708   | ——<br>一          |                      |
| in the state of th | 3: 5             |                      |
|  | 2m =             |                      |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00