

114 000676528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

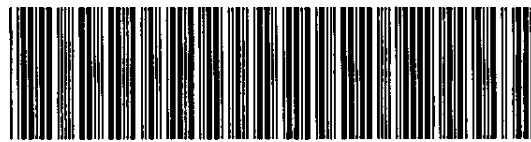
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/27/15--01019--012 **25.00

15 APR 27 AM 10:52
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TALLAHASSEE, FLORIDA
114 000676528

Answers MAY 01 2015

COVER LETTER

TO: Registration Section
Division of Corporations

ACROSS OCEAN LLC

SUBJECT: _____
(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:

GHANDY ALKASSAM

(Name of Person)

ACROSS OCEAN LLC

(Firm/Company)

45577 HODGES ROAD 114 Oak Manor PL

(Address)

CALLAHAN, FL 32041 Pittsburgh, PA 15235

(City/State and Zip Code)

For further information concerning this matter, please call:

GHANDY ALKASSAM

(Name of Person)

412 780-2423

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

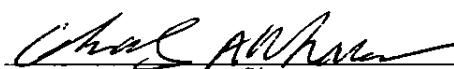
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
ACROSS OCEAN LLC
2. The Articles of Organization were filed on **05/23/2014** and assigned
document number **L14000076528**
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 INCOME WAS GENERATED AND DECIDED TO TERMINATE THE LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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FLORIDA
STATE OF
FLORIDA
REGISTRATION
AND
FILING
DIVISION
DEPARTMENT
OF
THE
ATTORNEY
GENERAL
STATE OF FLORIDA

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

GHANDY ALKASSAM

Printed Name

FILING FEE: \$25.00