

L14000 141755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

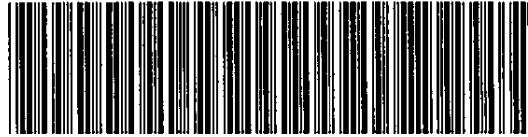
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 09 2015

1/7

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Daosawanh 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:

Sanh Xoumpholphardy

(Name of Person)

Daosawanh LLC

(Firm/Company)

988 Briarcreek

(Address)

Jacksonville, Florida, 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

Sanh Xoupholphardy

(Name of Person)

904

at

258-0171

(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 Daosawanh, LLC
2. The Articles of Organization were filed on Sept.4,2014 and assigned document number L14000141355
3. The delayed effective date the dissolution if not effective on the date of filing: Jan.,7,2015
(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).
On line business did not take off as expected
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Sanh Xoumpholplardy
988 Briarcreek
Jacksonville, Florida, 32225
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:

Sanh Xoumphonphardy Sanh Xoumphonphardy
Signature Printed Name

FILING FEE: \$25.00

SECRET
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535