L15000004435

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
·					



400274913864

07/13/15--01039--018 **25.00

POIS JUL 13 PH 2: 04
DECRETATION OF STATES

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

AL NOUR HALAL 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:

MAHER ALMASSRI

(Name of Person)

AL NOUR HALAL LLC

(Firm/Company)

6851 W SUNRISE BLVD STE 103

(Address)

PLANTATION, FL 33313

(City/State and Zip Code)

For further information concerning this matter, please call:

MAHER ALMASSRI

_{...}954

583-9897

(Name of Person)

(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

FILED 2015 JUL 13 PM 2: 04

1.	The name of a limited liabil AL NOUR HALAL, LLC	ity company is		SPORETARY OF STATE TALLAHASSEE, FEORIDA			
2.	The Articles of Organization	n were filed on	15	and assigned			
	document number L1500000	4435					
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.						
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liabi copy 605.0707 on back cover le	lity company's dist	solution pursuant to section			
	BUSINESS NEVER MATERI	ALIZED.					
5.	If there are no members, ent activities and affairs:	ere are no members, enter the name and address of the person appointed to wind up the company's vities and affairs: MAHER ALMASSRI					
		6851 W SUNRISE BLVD STE I	03, PLANTATION,	FL 33313			
ABDALLATIF DARWSHAHMED 1830 N UNIVERSITY DR. #374, PLANTATION, FL 33322							
				_ 33322			
6. lis	Signature of an authorized p	erson or if there are no member apany's activities and affairs:	s, the signature of	the person appointed and			
/	XIMI	МАН	ER ALMASSRI				
	Signature		Printed 1	Name			

FILING FEE: \$25.00