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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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SECKEDARY OF STATEM

MAY 26 2015

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Shokol Homes, 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:

Vahid Goudarzi
(Name of Person)
(Firm/Company)
8299 NW 3rd Place
(Address)
Coral Springs, Florids 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Vahid Goudarzi

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(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 ADDRE

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 15 MAY 26 PM 5: 01

SECRETARY OF STATE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Shokol Homes, LLC
2.	The Articles of Organization were filed on $\frac{02/03/2015}{}$ and assigned
	document number L15000020597
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 that resulted in the limited liability company's dissolution pursuant to section 605.0707. Florida Statutes, (copy 605.0707 on back cover letter). No property was purchased unfer the LLC. So it was decided to close this 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:
lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: Continue Continue

SECRETARY OF STATE VISION OF CONFORMATION