L15000026494

| (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 | | |
| J DENNIG | | |
| AUG 1 8 2023 | | |
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Office Use Only



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FILED SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: THAI USA L C (Name of Limited Liability Company) | | | | |
| The enclosed Articles of Dissolution and fee(s) are submittee | | | | |
| Please return all correspondence concerning this matter to the | ne following: | | | |
| PHAN, BICHT | of Person) | | | |
| THAI USA (Firm/Company) | | | | |
| 411 -5th St S.E. (Address) | | | | |
| Winter Haven FL 33880 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| PHAN BICHTHUY (Name of Person) | at (863) 2936475 (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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liab | vility company is | 4 3/ |
|---|--|--|
| LI İAHT | - · | |
| | on were filed on $2 - 11 - 2015$ and 5000026494 | assigned |
| 3. The delayed effective date (effective Note: If the date inserted in | the dissolution if not effective on the date of filing: ye date cannot be prior to or more than 90 days later than date docume this block does not meet the applicable statutory filing require ective date on the Department of State's records. | ent is received for filing) ements, this date will not be |
| , = =================================== | te that resulted in the limited liability company's dissolut (copy 605.0707 on back cover letter). | ion pursuant to section |
| | | |
| | | |
| If there are no members, en activities and affairs: | nter the name and address of the person appointed to wind | White a |
| | 411-54 St. SE. | Sellen |
| | Winter Haven FL 39 | 3880 |
| Signature of an authorized pathone to wind up the company | person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if the person or if the person or if the person of the person of the person or if the person of the pers | erson appointed and listed |
| hy-citc (w s | PHAN BI Printed Name | CHTHUY T |
| | FILING FEE: \$25.00 | |