

L15000076895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

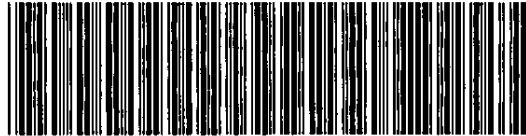
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289177015

FILED
17 FEB 13 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/06/16--01018--013 **25.00

D. SCOTT

FEB 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2016

MORTEZA SHAHRIARI NIA
41 CRESTWOOD DR APT 16
DALY CITY, CA 94105

SUBJECT: DEEP MORPH LLC
Ref. Number: L15000076895

We have received your document for DEEP MORPH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MUST INCLUDE WRITTEN CLAIM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 016A00025696

RECEIVED
2017 FEB 13 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 FEB 13 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Deep Morph LLC

2. The Articles of Organization were filed on April 30, 2015 and assigned

document number L15000076895

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).

business did not generate any revenue and could not get investors.

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

FILED
FEB 13 AM 10:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Morteza shahriari Nia
Signature

Morteza shahriari Nia
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Deep Morph LLC

Document number of Limited Liability Company is: L15000076895

Date of dissolution was: Aug 18 2016

Description of information that must be included in a written claim:

Due to the fact that business did not generate any revenue, I would like to terminate it.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

41 Crestwood Dr Apt 16
Daly City, California, 94015

FILED
17 FEB 13 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Morteza shahmari Nia

Printed Name of the Person Filing

Morteza shahmari Nia

Signature of the Person Filing