

L15000083584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

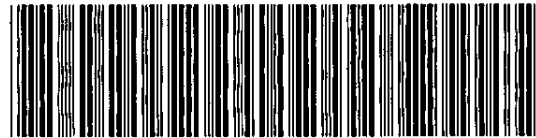
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF
DIVISION
15 JUN 25 AM 10:49
TO ADVISE
SUFFICIENCY OF FILING

FILED
15 JUN 25 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2015

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 668435 8047986

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : June 15, 2015

ORDER TIME : 9:49 AM

ORDER NO. : 668435-010

CUSTOMER NO: 8047986

DOMESTIC FILINGS

NAME: TELESTO SYSTEMS LLC

FILED
15 JUN 25 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is

TELESTO SYSTEMS LLC

2. The Articles of Organization were filed on 05/12/2015 and assigned

document number L15000083584

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).

My partner is not ready to process with this LLC formation

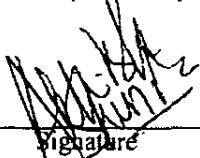
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Akhilesh Shende

2902 FALLING ACORN CIRCLE

LAKE MARY, FL 32746

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:



Akhilesh Shende

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA