L15000099414

(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:
description

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2016 MAR 28 P 5:54
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TALLAHASSEE, FLORIDA

2016 MAR 14 AM 7:55
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TALLAHASSEE, FLORIDA

MAR 29 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2016

ALEKSANDR KUMITS
6888 GOLFCREST DRIVE #103
SAN DIEGO, CA 92119

SUBJECT: AIK ARMS LLC
Ref. Number: L15000099414

We have received your document for AIK ARMS 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):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 216A00005360

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIK ARMS
(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:

ALEKSANDR KUMITS
(Name of Person)

Apartment 103
6888 Golfcrest Dr
San Diego, CA 92119

~~MS LLC~~
(Firm/Company)

6888 GOLFCREST DR # 103
~~19380 COLLINS AVE #308~~
(Address)

SAN DIEGO CA 92119
~~Sunny Isles Beach FL 33160~~
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEKSANDR KUMITS at (949) 533-5486
(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

1. The name of a limited liability company is
AIK ARMS

2. The Articles of Organization were filed on 6/9/15 and assigned document number L15000099414

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).

MOVED OUT OF STATE.

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

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:

Signature

ALEKSANDR KUMIOS
Printed Name

FILING FEE: $25.00

FILED
2016 MAR 28 P 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA