L15000/93933

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nai	me)
(Do	ocument Number)
. Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

SANOJA INVESTEMENT LLC

SUBJECT:

(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:

LINO CARUSI			
(Name of Person)			
SANOJA INVESTMENTS LLC			
(Firm/Company)			
1834 SW NEWPORT ISLES BLVD			
(Address)			
PORT ST LUCIE, FL 34953			

(City/State and Zip Code)

For further information concerning this matter, please call:

LINO CARUSI

(Name of Person)

at (954) 263-8656

(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

<u>ر</u>		LINO CARUSI	
	1		
6. lis	Signature of an authorized patted above to wind up the con	person or if there are no members, the signature of inpany's activities and affairs:	f the person appointed and
			RA CO
		1 OK1 31 LOOIL, 1 L 34733	
		PORT ST LUCIE, FL 34953	THE STATE OF THE S
		1834 SW NEWPORT ISLES BLVD	HASSAHLASS
	activities and affairs:	LINO CARUSI	5
5.	If there are no members, en	ter the name and address of the person appointed	to wind up the company's
		<u></u>	
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's di (copy 605.0707 on back cover letter).	issolution pursuant to section
		tive date on the Department of State's records.	
5.	(effective	the dissolution if not effective on the date of filing date cannot be prior to or more than 90 days later than date his block does not meet the applicable statutory filing it	document is received for filing)
_			
	document number L1500019		
2.	The Articles of Organizatio	n were filed on 11/16/2016	and assigned
	SANOJA INVESTMENTS LI	LC	· · · · · · · · · · · · · · · · · · ·
1.	The name of a limited liabil	ity company is	

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: SANOJA INVES	SIMENISLLC	
Document number of Limited Liability Company is: L15000	193933	
Date of dissolution was: 11/08/2016		
Date of dissolution was:		
Description of information that must be included in a written claim:		
	Be Jan	
	LAH	
	SSS.	14 47 4 2 2 2
	<u> </u>	i F
Mailing address where claims can be sent: (Claims cannot be sent to	استراد کی ا	; ; ; ; ; ;
Maning address where claims can be sent: (Claims cannot be sent to	the Division of Corporations)	
	-, :- -	
A claim against the above named limited liability company will be b	parred unless a proceeding to enforce t	he
claim is commenced within 4 years after the filing of this notice.		
.// //		
	<u></u>	
Printed Name of the Person Filing	Signature of the Person Filing	