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TO: Registration Section

Division of Corporations SUBJECT: Ambi Metals LLC L16000108096 The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pradip Sarawgi (Name of Contact Person) Ambi Metals LLC (Firm/Company) 6065 82nd Avenue (Address) Doral, FL 33166 (City/State and Zip Code) For further information concerning this matter, please call: Pradip Sarawgi (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$60 Filing Fee, ■\$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) **STREET ADDRESS: MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Notice of Limited Liability Company Dissolution

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: Ambi Metals LLC	
Document number of Limited Liability Company is: L16000108096	
Date of dissolution was: 12/15/2016	•
Date of dissolution was: TET 1072010	
Description of information that must be included in a written claim:	
LLC no longer able to conduct business.	
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	S S
6065 82nd Avenue	
Doral, FL 33166	
Dorai, 1 L 33 100	
A claim against the above named limited liability company will be barred unless a proceeding to encommenced within 4 years after the filing of this notice.	force the claim is
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Pradip Sarawgi \$\mathcal{P}\mathcal{V}\mathcal{V}\$,
Printed Name of the Person Filing Signature of the Person Fil	ing