

L60012226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

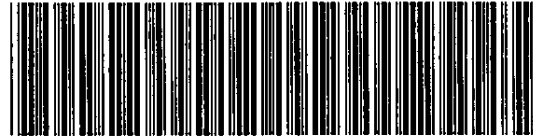
(Business Entity Name)

(Document Number)

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FILED
MAR 26 2018
TALLAHASSEE, FLORIDA

2018 MAR 26 P 3:32

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2/21/2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLIMAN SERVICES LLC
(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:

SELIM SOLIMAN

(Name of Person)

SOLIMAN SERVICES LLC

(Firm/Company)

4008 PASSPORT LAND - APT 103

(Address)

NEW PORT RICHEY, FL 34653

(City/State and Zip Code)

For further information concerning this matter, please call:

SELIM SOLIMAN

(Name of Person)

at 219 973-1775

(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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2018

SELIM SOLIMAN
4008 PASSPORT LAND - APT 103
NEW PORT RICHEY, FL 34653

SUBJECT: SOLIMAN SERVICES LLC
Ref. Number: L16000122226

We have received your document for SOLIMAN SERVICES 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):

Please complete last page of 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 718A00004935

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2018 MAR 26 PM 1:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

SOLIMAN SERVICES LLC

2. The Articles of Organization were filed on 06/30/2016 and assigned

document number L16000122226

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

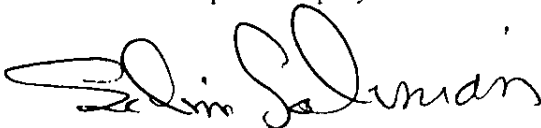
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

DUE TO OWNER'S HEALTH AND OLD AGE PROBLEM.

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

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

SELIM SOLIMAN

Printed Name

FILING FEE: \$25.00

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