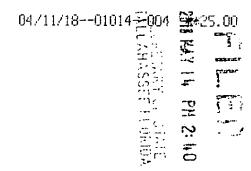
## <u>116000 167872</u>

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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J. HARRIS

## **COVER LETTER**

_	tration Section ion of Corporations	
	SIDDIQUI	DEVELOPMENTS LLC.
SUBJECT: _	(Name of Limit	ed Liability Company)
The enclosed A	Articles of Dissolution and fee(s) are submit	ted for filing.
Please return a	ill correspondence concerning this matter to	
	Usman !	APPIQUI
	(Nai	ne of Person)
	SIDDIQUI	DEVELOPMENT
		m/Company)
	8833 Teo	UT ROAD
	OPLANDO	, FL 31836
	(City/Sta	ite and Zip Code)
For further inf	ormation concerning this matter, please call	
(	JSM AN SIDDIQUI	at (407) 670 9507 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:	
<b>525.0</b>	0 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution &
	ALREADY MMLED	Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301



April 13, 2018

USAM SIDDIQUI 8833 TROUT RD ORLANDO, FL 32836

SUBJECT: SIDDIQUI DEVELOPMENTS, LLC

Ref. Number: L16000163872

We have received your document for SIDDIQUI DEVELOPMENTS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 218A00007455

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is SIDDIQUI DEVELOPMENTS LO
2.	The Articles of Organization were filed on $\frac{8/31/2016}{L16000163872}$ and assigned document number $\frac{L16000163872}{L16000163872}$
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).  — CAMPLETE LOSS OF ASSETS.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:    HASSAN BAIG
	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:  USM AN C SIBDIOUI.
	Signature Printed Name
	FILING FEE: \$25.00

TALLAHASSET FLORIDA