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·- · COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Florida Music & Mohan, 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: Ahmad Sadia, Esq. (Name of Person) (Firm/Company) 13821 Fox Glove st.

(Address)

Winter Garden Fr 34787

(City/State and Zip Code) For further information concerning this matter, please call: Ahmed Sadiq at (407) 716-7715

(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:** STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name | e of a lim | ited liabili | ity company is | | | | | | | |
|---------------------------|-----------------------|---------------|---|-----------------------------|--------------|----------------|--|-------------------------------|------------------------|--|
| Flo. | ida | Music | : 3 Motion | 1,666 | | | | | | _• |
| 2. The Artic | cles of Or | ganization | n were filed on 20178601 | 9/23/ | 16 | | and a | ssigned | | |
| | | | | | | | | | | |
| Note: If | the date in | iserted in th | he dissolution i date cannot be pric his block does no ive date on the D | ot meet the ap | plicable st | atutory fil | iling: 4/z date documer ing requiren | t is received inents, this da | or filing te will r |) not be |
| 605.0707, | Florida | Statutes, (| that resulted in copy 605.0707 | on back cov | ver letter). | | | • | | |
| have | <i>-</i> / | | Laila Soca | la d | | | . £ × | -/ JA | 7点 | |
| MARC | (0) | 136478 | <u>d</u> 70 7 | ue a | 550/U | <u> 77 our</u> | | Jorida: | 7 0 | A Concession |
| & Mot | ben, | LLC | | | | | | \$2.50 | | To the last |
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| 5. If there as | re no mer | nbers, ent | er the name and | d address of | the perso | n appoin | ted to wind | l up the con | apany's | 5 |
| activities | and affai | rs: | AMBR - LA | ila Sad | ا بورا | 3821 | Fox GI | ove st. | | |
| | | | | | • | | | FL 34 | 787 | - |
| | | | AMBR | | : Mei c | chum | M. LEE. | 317 (| Courts | -γ |
| | | | | | Cottage | e Lan | c, Win | ter Garde | , FL | 34787 |
| 6. Signature listed above | of an au to wind y | thorized p | erson or if there | e are no me es and affai | mbers, the | e signatui | re of the pe | erson appoir | ited and | d |
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| | Sig | nature | 7 | | | Pri | nted Name | | | - |

FILING FEE: \$25.00