

L17000076245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

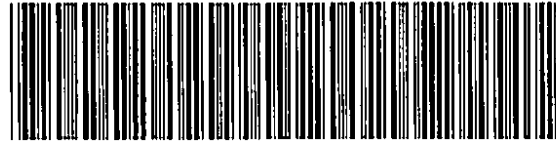
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/13/19--01017--012 **25.00

FILED

2019 MAR 13 PM 12:11

CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

C. GOLDEN

MAR 23 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Khuzami Fashion 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:

Shahad Mzedawi
(Name of Person)

Khuzami Fashion
(Firm/Company)

2757 Glen Mawr Rd. Jacksonville FL 32207
(Address)

Jacksonville FL 32207
(City/State and Zip Code)

enc return to: 13703 Richmond park Dr. N. Jacksonville FL 32224

For further information concerning this matter, please call:

Shahad Mzedawi at (904) 666-8925
(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:

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

FILED

2019 MAR 13 PM 12:11

1. The name of a limited liability company is

Khuzawi Fashion LLC.

STATE
OFFICE, FL

2. The Articles of Organization were filed on 01/05/2017 and assigned

document number 617000076245

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)

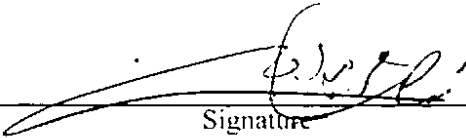
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

No owning money, failed to manage
the company because of study at school.

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

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

Shehad Mzedawi
Printed Name

FILING FEE: \$25.00