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(Reque	estor's Name)	
(Addres	ss)	
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(City/Si	tate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filir	ng Officer:	

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J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations:

AYAAN AMUSEMENT CENTER 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:

PRANAV SHAH

(Name of Person)

AYAAN AMUSEMENT CENTER LLC

(Firm/Company)

2245 S OLD DIXIE HWY. SUITE B

(Address)

BUNNELL, FL 32110

(City/State and Zip Code)

For further information concerning this matter, please call:

PRANAV SHAH

(Name of Person)

732) 429 - 2738 (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

1. The name of a limited liability company is		
	AYAAN AMUSEMENT CENTER LLC	
	·	
2.	The Articles of Organization were filed on 04/25/2017 and assigned	
	document number L17000091142	
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.	
∔.	 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). BUSINESS CLOSED 	
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. lis	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:	
	2017	
_	Prina Shah Printed Name 2	
	Signature Printed Name Po	
	FILING FEE: \$25,00	