

L18000 056 793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

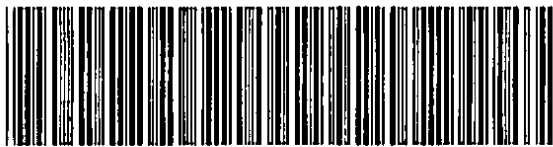
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500337520105

12/09/19--01024--004 \*\*25.00

FILED  
CLERK OF STATE  
CORPORATIONS  
19 DEC -9 PM 4:38

*Dissolution*

DEC 27 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FARBUR INNOVATIONS 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:

John Burnham

(Name of Person)

(Firm/Company)

16149 198th Trail

(Address)

O'Brien, FL 32071

(City/State and Zip Code)

For further information concerning this matter, please call:

John Burnham

(Name of Person)

at ( 510 ) 904-8360

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

16 OCT -9 PM 4:38  
RECEIVED  
DIVISION OF STATE  
CORPORATIONS

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

1. The name of a limited liability company is  
FARBUR INNOVATIONS LLC

2. The Articles of Organization were filed on 03/02/2018 and assigned  
document number L18000055793

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).  
605.0701(2) The consent of all the members.

605.0701(2) The consent of all the members.

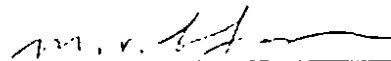
605.0701(2) The consent of all the members.

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

PO Box 1931

Danville, CA 94526

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

Kambiz Farnaam  
Printed Name

**FILING FEE: \$25.00**

FILED  
DEPT. OF STATE  
CORPORATIONS  
19 DEC -9 PM 4:38