

L18000068382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

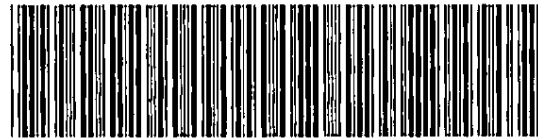
(Business Entity Name)

(Document Number)

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APR 01 2021

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Muskaan 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:

Pamela S Ashley  
(Name of Person)

Muskaan LLC  
(Firm/Company)

2675 Sleepy Hollow Ln  
(Address)

Lakeland FL 33810  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela S Ashley at (863) 838-7770  
(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 Address:**

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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

Doc #  
L18000068382

1. The name of a limited liability company is

2021 FEB 11 AM 7:22

Muskahn LLC

2. The Articles of Organization were filed on 3/15/2018 and assigned

document number L18000068382

3. The delayed effective date the dissolution if not effective on the date of filing: 2/3/2021  
(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.

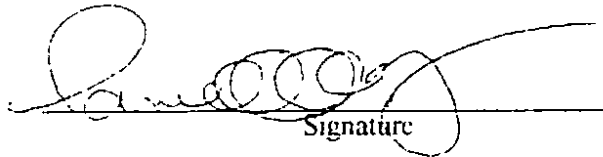
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Went out of business

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

Pamela Ashley  
2675 Sleepy Hollow Ln  
Lakeland, FL 33810

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

Pamela S. Ashley  
Printed Name

FILING FEE: \$25.00