

219 000 296 060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

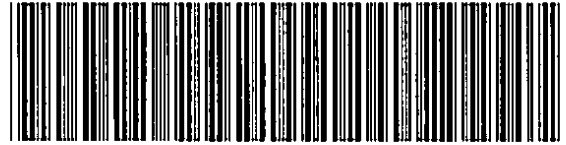
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500377068635

12/02/21--01009--004 **25.00

2021 12 21 2 PM 1:49

Handwritten: CUIS
AND DIS

DEC 16 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AILIMA 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:

Michelle Katz

(Name of Person)

AILIMA LLC

(Firm/Company)

4613 N UNIVERSITY DR 185

(Address)

CORAL SPRINGS, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Katz

(Name of Person)

917

647-0625

at (

_____) _____
(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**

2021 DEC 11 PM 1:49

1. The name of a limited liability company is

AILIMA LLC

2. The Articles of Organization were filed on 12/05/2019 and assigned

document number 119000296060

3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2021
(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).


No longer in business due to COVID-19.

No longer in business due to COVID-19.

No longer in business due to COVID-19.

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

Michelle Katz

Printed Name

FILING FEE: \$25.00