

La1000401178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

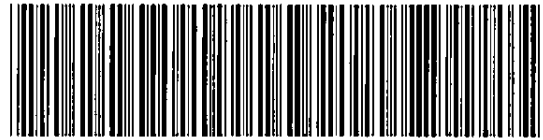
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 24 2024

Office Use Only



500426800795

04/12/24--01020--010 **25.00

FILED
2024 APR 12 PM 3:52
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beluga Back Institute 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:

Kazi Hassan

(Name of Person)

Beluga Back Institute LLC

(Firm/Company)

1321 Upland Drive

(Address)

Houston TX 77043

(City/State and Zip Code)

For further information concerning this matter, please call:

Kazi Hassan

(Name of Person)

727

at ()

4216568

(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**

FILED
2024 APR 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Beluga Back Institute

2. The Articles of Organization were filed on 09/09/2021 and assigned

document number L21000401178

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).

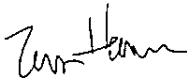
Investment vehicle no longer needed due to foreclosure of business.

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

3201 31st St. S. APT 226

St. Petersburg, FL 33712

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

Kazi Hassan

Printed Name

FILING FEE: \$25.00