## L24000223028

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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08/27/2;--01005--015 \*\*25.00

## **COVER LETTER**

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TO:	Registration Section Division of Corporations				
SUBJI	Masihimatch, LLC				
(Name of Limited Liability Company)					
	nclosed Articles of Dissolution and fee(s) are submi				
Please	return all correspondence concerning this matter to	o the following:			
	Ruwced Bibi				
	(Name of Person)				
	Masihimatch, LLC				
	(Firm/Company)				
	7744 Shelter Wood Ct				
	(Address)				
	Jacksonville, FL 32256  (City/State and Zip Code)				
	(City/S)	tate and Zip Code)			
For fu	rther information concerning this matter, please cal	II:			
	Ruwccd Bibi	509 768-2249 at ( )			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed 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:	Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	Masihimatch, LLC	ity company is			
2.	The Articles of Organization	n were filed on May 13, 2024	and assigned		
	document number L2400022	23028			
3.	Note: If the date inserted in t	e the dissolution if not effective on the date of filing:  8/16/2024  ive date cannot be prior to or more than 90 days later than date document is received for filing)  in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.			
4.	A description of occurrence 605,0707, Florida Statutes, (	that resulted in the limited liability con copy 605.0707 on back cover letter).	npany's dissolution pursuant to section		
		cated to Wyoming via a Wyoming	g Continuance.		
			·		
-			<del></del>		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Ruweed Bibi				
		7744 Shelter Wood Ct			
		Jacksonville, FL 32256			
6. ab	Signature of an authorized pove to wind up the company	person or if there are no members, the si 's activities and affairs:	gnature of the person appointed and liste		
	482	Ruweed Bibi			
	Signature		Printed Name		

FILING FEE: \$25.00