

L99000005262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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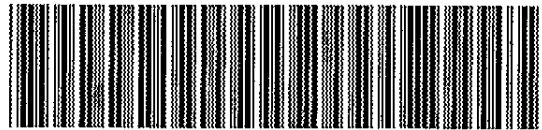
(Business Entity Name)

(Document Number)

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Arts of dis
LLC

L99-5262

CHLOR ALKALI CONSULTANT CO., LLC.

4154 Sinclair Place
Land O' Lakes, FL
34639

Phone Number: 813-235-9053

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Attached is a check of \$25.00 as a filling fee for the dissolution of Chloral kali Consultant Co., LLC.

Please send me a letter of acknowledgement at the above address.

Sincerely,

Harshad Patel 12/6/03
Harshad Patel

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

1. The name of the limited liability company is Chlor alkali Consultant Co., LLC
2. The effective date of the limited liability company's dissolution is December 28, 2003
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to
Osection 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
- Unless otherwise provided in the articles of organization or operating agreement upon the
written concent of all the membres of the limited liability co.

4. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their
respective rights and interests.

6. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the
dissolution:

Signature

Typed or Printed name

Harold M. Patel

12/06/03

Brenda H. Patel

12/06/03

Filing Fee: \$25.00

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SECRETARY OF STATE
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03 DEC 10 AM 11:30