

L13000034538

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)288-3338  
Fax Number : (954)288-0845

LLC DISSOLUTION OR WITHDRAWAL  
EVERLASTING GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 FEB 16 AM 10:18  
SECRETARY OF STATE  
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K. SALY

FEB 17 2017

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EVERLASTING GP 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:

Dalia Pearson

(Name of Person)

Elion Partners LLC

(Firm/Company)

2875 NE 191 St Suite 800

(Address)

Aventura FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Dalia Pearson

305

933-3538

at ( )

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2017 FEB 16 AM 10:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The name of a limited liability company is EVERLASTING GP LLC

2. The Articles of Organization were filed on 03/06/2013 and assigned document number L13000034538

3. The delayed effective date the dissolution if not effective on the date of filing: 02/16/2017 (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). The Limited Liability Company has ceased business operations.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Sylvain Argy 2875 NE 191st Street, Suite 800, Aventura, FL 33180

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

Sylvain Argy Printed Name

FILING FEE: \$25.00