

L14 0000 88312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

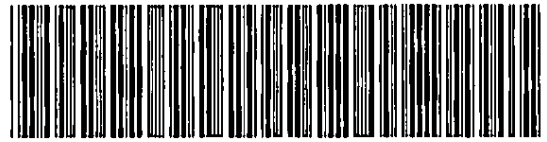
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/21/21--01009--002 **25.00

2021 JUL 21 PM 1:41
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418
CANADA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELOQUENCE UNIT 1805 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:

JORGE SALCEDO

(Name of Person)
SALCEDO ATTORNEYS AT LAW P.A.

(Firm/Company)
200 S. BISCAYNE BLVD. SUITE 2700

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE SALCEDO

(Name of Person) at (305) 375-0640

(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**

The name of a limited liability company is

ELOQUENCE UNIT 1805 LLC

1. The Articles of Organization were filed on 06/02/2014 and assigned document number L14000088312

2. 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.

3. 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).

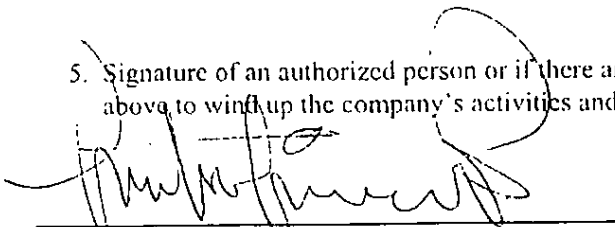
RESOLUTIONS APPROVING DISSOLUTION OF THE COMPANY WERE ADOPTED

UNANIMOUSLY BY THE MEMBERS, AS PERMITTED BY THE FLORIDA REVISED

LIMITED LIABILITY COMPANY ACT.

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

5. 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

Gustavo Gimenez Pocaterra

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

ELOQUENCE UNIT 1805 LLC

Name of Limited Liability Company: _____

L14000088312

Document number of Limited Liability Company is: _____

Date of dissolution was: 06/14/2021

Description of information that must be included in a written claim:

CLAIMS SHALL BE IN WRITING AND INCLUDE:

1. NAME AND ADDRESS OF CLAIMANT

2. CLAIM AMOUNT

3. BASIS FOR THE CLAIM

2021 JUL 21 PM 1:41
VIRAL

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

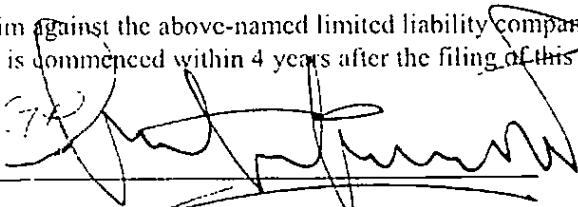
Jorge Salcedo

Salcedo Attorneys at Law P.A.

200 S. Biscayne Blvd. Suite 2700

Miami, FL 33131

A claim against the above-named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.



Gustavo Gimenez Pocaterra

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00