

Division of Corporations

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U400012655
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : I20070000037
Phone : (954)532-3842
Fax Number : (954)532-3847

**LLC DISSOLUTION OR WITHDRAWAL
ACN 94, LLC**

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

RECEIVED

15 NOV 17 AM 10: 00

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TALLAHASSEE, FLORIDA

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15 NOV 17 AM 10: 09

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paulo@eagle-tax.com

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACN 94, 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:

Andre C Do Nascimento

(Name of Person)

Eagle Tax Representation, Corp

(Firm/Company)

5493 Wiles Road Suite 105

(Address)

Coconut Creek, FL 33073

(City/State and Zip Code)

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For further information concerning this matter, please call:

Paulo Oliveira, EA

(Name of Person)

at (954) 532-3842

(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

1. The name of a limited liability company is ACN 94, LLC

2. The Articles of Organization were filed on 09-11-2014 and assigned document number L14000142655

3. The delayed effective date the dissolution if not effective on the date of filing: 10-31-2015 (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). Out 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:

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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 [Handwritten Signature]

Andre C Do Nascimento Printed Name

FILING FEE: \$25.00