

# L01000012009

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

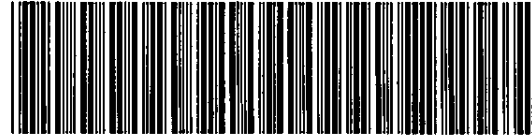
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/13/14--01010--014 \*\*25.00

2014 MAR 13 PM 1:30  
SEAL FOR THE STATE  
TALLAHASSEE, FLORIDA

**2.00** **Mar 14 2014**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** E. GREENE OF FLORIDA, 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:

ALAN D. GREENE

(Name of Person)

E. GREENE OF FLORIDA, LLC

(Firm/Company)

59 ROUND HILL ROAD

(Address)

KINNELON, NEW JERSEY 07405

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL MEYLER, CPA

(Name of Person)

at ( 732 ) 568-1040

(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

E. GREENE OF FLORIDA, LLC

2. The Articles of Organization were filed on 2002 and assigned  
document number L0100002009

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

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 company is no longer in operation. It has no more receipts  
or expenses and all activity has ceased.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Printed Name

Alan D. Greene

ALAN D. GREENE

**FILING FEE: \$25.00**

FILED  
MAR 13 PM 1:30  
TALLAHASSEE, FLORIDA