

LOS0000 56074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

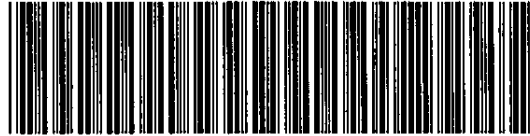
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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01/20/15--01007--013 **25.00

15 JAN 20 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers JAN 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

BEL ISLE ENTERPRISES, 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:

BRIAN BELISUE

(Name of Person)

BEL ISLE ENTERPRISES, LLC

(Firm/Company)

24544 Emyvale Dr

(Address)

Plainfield, IL 60586

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN BELISUE

(Name of Person)

at

(815) 341-8021

(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

BEL ISLE ENTERPRISES, LLC

2. The Articles of Organization were filed on 5/31/05 and assigned

document number LD5000056034

3. 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)


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).

No business under this name.

No longer located in Florida.

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

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

BRIAN BEUSIE

Printed Name

FILING FEE: \$25.00

15 JAN 20 10 17:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED