# L050000 F1157

(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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#### COVER LETTER

TO:

Registration Section Division of Corporations

#### SHRIECT

### EURO CLAIRMONT ACQUISITIONS, 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:

Gary Welsh
(Name of Person)
DLPM LLC
(Firm/Company)
3451 Northridge Drive
(Address)
Clearwater, FL 33761
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Welsh
(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 &

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

Certified Copy (additional copy is enclosed)

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabiling EURO CLAIRMON'T ACQUI	• • •	
2. The Articles of Organization	were filed on	and assigned
document number L0500008	1153	
(effective Note: If the date inserted in the	ne dissolution if not effective on the c date cannot be prior to or more than 90 days I his block does not meet the applicable sta ive date on the Department of State's rec	ater than date document is received for Hing) tutory filing requirements, this date will not
4. A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited liability cocopy 605.0707 on back cover letter).	ompany's dissolution pursuant to section
Company no longer conduction	business	
5. If there are no members, ent activities and affairs:	er the name and address of the person	appointed to wind up the company s
activities and artains		30 ASST ASST
		<u> </u>
		ATE. RIDA
6. Signature of an authorized plisted above to wind up the cor	person or if there are no members, the appany's activities and affairs:	signature of the person appointed and
June		
Signature	Dirk van de	Printed Name
Signature		

FILING FEE: \$25.00