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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

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COVER LETTER

PO: Registration Section Division of Corporations
SUBJECT: ELIA SALON
(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:
ROSA E. DE LEON
(Name of Person)
N/A
(Firm/Company)
N/A (Firm/Company) 9273 GETTYSBURG RD. (Address) BOCA RATON, FLORIDA 33434 (City/State and Zip Code)
(Address)
BOCA RATON, FLORIDA 33434
(City/State and Zip Code)
For further information concerning this matter, please call:
ROSA E. DE LEON _{at (} 561 ₎ 239-5127
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

The name of a limited liability company is ELIA SALON	
2. The Articles of Organization were filed on L07000036201	and assigned document number
3. The date the dissolution was approved: 05/1	5/07
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on bar	limited liability company's dissolution pursuant to section
**************************************	BUYER AND THE SELLER NEVER
OCCURED. THE BUYER NOTIF	TY THE SELLER THAT SHE COULD NOT
FINANCIALLY AFFORD TO GO	THROUGH WITH THE TRANSACTION.
5. CHECK ONE:	
☐-OR-	the limited liability company have been paid or discharged. the debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been dirights and interests. 	stributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the OR-OR-Adequate provision has been made for entered against it in any pending suit.	the satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage	ge of membership interests necessary to approve the dissolution:
Signature	Printed Name
Lou 4. Afr	ROSA E. DE LEON AND 26 AMILIA
	26 26
<u>.</u>	

FIŁING FEE: \$25.00