

#L 07000072751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

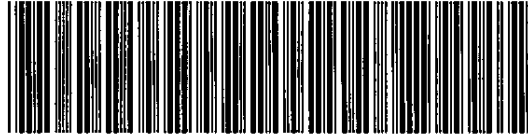
(Document Number)

Certified Copies _____

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300271702053

EFFECTIVE DATE
4-30-2015

04/15/15--01010--004 **25.00

FILED
2015 APR 15 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EV Will Help, 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:

Evelyn Kikta

(Name of Person)

(Firm/Company)

768 Seminole Blvd.

(Address)

Tarpon Springs, FL 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn Kikta

(Name of Person)

at (727) 422-4040

(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

EFFECTIVE DATE
4-30-2015

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2015 APR 15 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

EV Will Help, LLC

2. The Articles of Organization were filed on 07/13/2007 and assigned

document number L07000072751

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2015
(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).

Operations discontinued

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

Evelyn C. Kikta
Printed Name

FILING FEE: \$25.00