

LO7000118014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2010 APR 13 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 16 2019
J. HARRIS

Date: April 10, 2018


Subject: DeLeon & Company, LLC Dissolution

To: Florida Department Of State

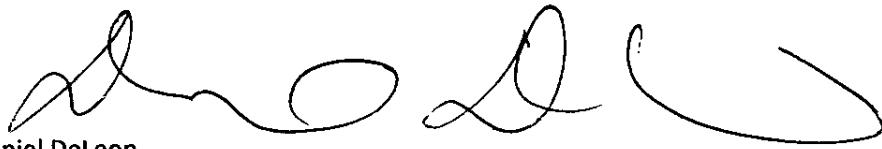
To whom it may concern:

This is my acknowledgment and consent to dissolve DeLeon & Company, LLC.

Thank you,



Efrain DeLeon
1565 Misty Lake Drive
Fleming Island, FL 32003
904-264-1021



Daniel DeLeon
1565 Misty Lake Drive
Fleming Island, FL 32003
904-219-1741

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELEON & COMPANY, 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:

EFRAIM & DANIEL DELEON
(Name of Person)

DELEON & COMPANY, LLC
(Firm/Company)

1565 MISTY LAKE DR
(Address)

FLEMING ISLAND FL 32033
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL DELEON at (904) 219-1741
(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 &
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

DELEON & COMPANY, LLC

2. The Articles of Organization were filed on 3(3) 2008 and assigned

document number L07000118014

3. The delayed effective date the dissolution if not effective on the date of filing: 1/15/18
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

CLOSED RESTAURANT THAT THIS LLC WAS OWNING.

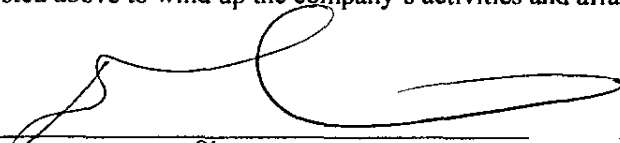
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

EFRAN DELEON JR

EFRAN A DELEON

DANIEL DELEON

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

4/10/18
Printed Name

FILING FEE: \$25.00

2018 APR 13 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED