138000017989

(Requestor's Name)
·
(Address)
(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:

Office Use Only

G. MCLEOD

SEP 2 1 2009

EXAMINER



000160230460

09/18/09--01017--012 **25.00

09 SEP 18 PM 12: 2:

SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: ELITE IMPROVE SOLUTIONS, 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:
AMADA C. ECHEVERRIA
(Name of Person)
ELITE IMPROVE SOLUTIONS, LLC
(Firm/Company)
1390 BRICKELL AVE STE #200
(Address)
MIAMI, FL. 33131
(City/State and Zip Code)
For first or information concerning this matter places all
For further information concerning this matter, please call:
AMADA C. ECHEVERRIA at (786) 346 0811
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2

1. The name of a limited liability company is Elite Typevel Solution S LLC 2. The Articles of Organization were filed on 02/19/2008 and assigned document number L0800017989 3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). NO OPERATION SINCE THE BEGINNING		
5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. OR- OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421. 6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. 7. CHECK ONE: There are no suits pending against the company in any court. OR-	09 SEP 18 PM12: 22	SECRETARY OF STATE DIVISION OF CORPORATION
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution: Printed Name Martha Solomon Amada 6. Cada Va Gri Selda Carrer	A O	72

FILING FEE: \$25.00