

L080000082/3/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

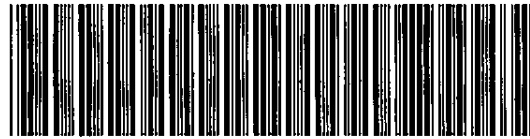
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/17/14--01006--010 **25.00

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14 NOV 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-Benefit Management 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:

Connor Haskins

(Name of Person)

Fears | Nachawati PLLC

(Firm/Company)

4925 Greenville Ave., Ste. 715

(Address)

Dallas, TX 75206

(City/State and Zip Code)

For further information concerning this matter, please call:

Connor Haskins

(Name of Person)

214

at ()

461-6223

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2014

CONNOR HASKINS
FEARS / NACHAWATI, PLLC
4925 GREENVILLE AVE., SUITE 715
DALLAS, TX 75206

SUBJECT: EBENEFIT MANAGEMENT SOLUTIONS LLC
Ref. Number: L08000082131

We have received your document for EBENEFIT MANAGEMENT SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached conversion cannot be filed because you have already formed the new Florida Corporation. At this point you will have to file Articles of Dissolution to cancel the limited liability company. We are enclosing the proper form for you to complete to accomplish this task.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 214A00022659

RECEIVED
14 NOV 14 AM 8:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
E-Benefit Management Solutions LLC
2. The Articles of Organization were filed on 08/28/2008 and assigned
document number L08000082131
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
LLC converting to Corporation pursuant to Fla. Stat. 608.4401
Business Closed
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:

William B Kohn
William B Kohn (Nov 5, 2014)

Signature

William B. Kohn

Printed Name

FILING FEE: \$25.00

FILED
14 NOV 24 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA