

LD80000834 78

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

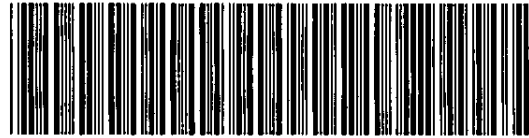
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EFFECTIVE DATE

11/30/14



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TALLAHASSEE FLORIDA

NOV 10 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Michel Enterprises 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:

Monica Tirado
(Name of Person)

Piero Salussolia corporate management
(Firm/Company)

1410 20th street suite 214
(Address)

miami Beach FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Tirado at 305, 3737016
(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

St. Michel Enterprises LLC

2. The Articles of Organization were filed on 09/02/2008 and assigned

document number L08000083478

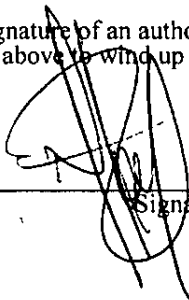
3. The delayed effective date the dissolution if not effective on the date of filing: November 30, 2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Written Consent of the members

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

Monica Tirado

Printed Name

FILING FEE: \$25.00

FILED
2014 NOV -7 PM 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

11/30/14