

L09000009674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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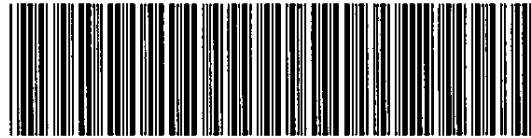
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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9/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

ERISCOT, LLC

(Name of Limited Liability Company)

DOCUMENT # L09000009074

FILED 1-27-09

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN HIPPOARD

(Name of Person)

ERISCOT, LLC

(Firm/Company)

2813 OAK RIDGE DR.

(Address)

GULF BREEZE, FL. 32563

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN HIPPOARD

(Name of Person)

at (850) 261-6191

(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

ERISCOT, LLC

2. The Articles of Organization were filed on 1-27-09 and assigned

document number L09000009074

3. The delayed effective date the dissolution if not effective on the date of filing: 9-15-14
(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).

No longer in operation and properties within were sold.
(2 retail properties)

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

KAREN HIPPOARD - Manager
2813 OAK RIDGE DR
GULF BREEZE, FL. 32563

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:

Karen Hippard
Signature

KAREN HIPPOARD
Printed Name

8/26/14

FILING FEE: \$25.00