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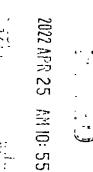
| (Re | questor's Name) | | | |
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| (Åd) | dress) | | | |
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| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|---|--|--|--|
| SUBJECT: eVise Services LLC (Name of Limited Liability Company) | | | | |
| (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: | | | | |
| William M. Etheredge (Name of Person) | | | | |
| | | | | |
| evise Services UC (Firm/Company) | | | | |
| 92 Vetanda Lane (Address) | | | | |
| (Address) | | | | |
| Ponte Vedra Beach FL 32082 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Willam Etheredge (Name of Person) | at (904) 910-0950 (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | (The exact to tray time Perspirate Palmos) | | | |
| \$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 | Street Address: Registration Section | | | |
| Division of Corporations Division of Corporations | | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability com | pany is | 20 | 77 WAK 52 WU IN 33 |
|--|--|--|--|
| elise Gervic | | | ~~ |
| 2. The Articles of Organization were document number L09000 | | 9, 2009 and | assigned |
| 3. The delayed effective date the disse | olution if not effective not be prior to or more than k does not meet the appl | 90 days later than date documer cable statutory filing require | et is received for filing) ments, this date will not be |
| 4. A description of occurrence that res 605.0707, Florida Statutes, (copy 60 <u>Consent of all</u> | 05.0707 on back cover | letter). | • |
| and only me | | • | |
| 5. If there are no members, enter the ractivities and affairs: | name and address of th | e person appointed to winc | I up the company's |
| | | | |
| 6. Signature of an authorized person of above to wind up the company's activities. | or if there are no membities and affairs: | ers, the signature of the pe | erson appointed and listed |
| Signature | r | Illiam M. Ethe Printed Name | exedage |

FILING FEE: \$25.00