

LO9000115713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

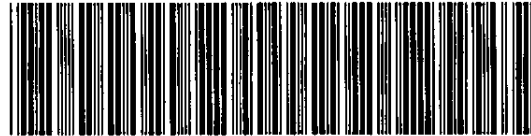
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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B. BOSTICK  
MAR 24 2014  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EBOW, 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:

Emanuel Smith

(Name of Person)

(Firm/Company)

P.O. Box 370247

(Address)

Decatur, GA 30037

(City/State and Zip Code)

For further information concerning this matter, please call:

Emanuel Smith

(Name of Person)

404

at ( )

288-4226

(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  
EBOW, LLC
2. The Articles of Organization were filed on 12/04/2009 and assigned  
document number L09000115713
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).  
Only registration, permits paid and tax returns filed.  
Business not really started. No need to continue paying fees for nothing.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Emanuel Smith, P.O. Box 370247, Decatur, GA 30037
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

Emanuel Smith

Printed Name

**FILING FEE: \$25.00**

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