L11000046238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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03/31/14--01006--016 **25.00

B. BOSTICK

APR - 2 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eclectic Concepts
(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:

Christina Casquilla Bedard
(Name of Person)

Eclectic Concepts
(Firm/Company)

6082 Wauconda Way E
(Address)

Lake Worth, FL 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

Zac Bedard at (561) 351-3215
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Eclectic Concepts

2. The Articles of Organization were filed on April 18, 2011 and assigned

document number L11000046238

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).
We are dissolving this LLC because it is not profitable.

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

6082 Wauconda Way E

Lake Worth, FL 33463

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

Christina Casquilla Bedard
Printed Name

FILING FEE: $25.00