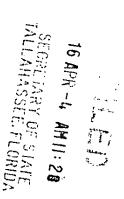
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Office Use Only



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APR 05 LUID J SHIVERS

# COVER LETTER

TO:

Registration Section **Division of Corporations** 

# EDP Communications & Logistics, 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:

Eduardo Perez			
(Na	ime of Person)		
(Fi	irm/Company)		
PO BOX 15905			
	(Address)		
Tampa, FL 33684			
(City/S	tate and Zip Code)		
For further information concerning this matter, please cal	1:		
Eduardo Perez	813 442-0908		

Εdι (Area Code & Daytime Telephone Number) (Name of Person)

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 li	, ,			
EDP Communications & I	Logistics, LLC	· · · · · · · · · · · · · · · · · · ·		
2. The Articles of Organiz	ation were filed on 05/02/201	1	_ and assigned	
document number L110	00051345	_		
Note: If the date inserted	ate the dissolution if not effective date cannot be prior to or more in this block does not meet the effective date on the Department	e than 90 days later than date do applicable statutory filing red	cument is received for tiling)	
4. A description of occurre 605.0707, Florida Statute	ence that resulted in the limite es, (copy 605.0707 on back c	ed liability company's dissover letter).	solution pursuant to section	
		·	<del></del>	
The Consent of all member	rs.		16 A	
			IPR -4	
			TE.F.S	
5. If there are no members activities and affairs:	, enter the name and address		wind up the company's	
	Eduardo Perez			
	PO BOX 15905			
	Tampa, Fl. 33684			
6. Signature of an authoriz listed above to wind up the	ed person or if there are no n company's activities and aff	nembers, the signature of t	he person appointed and	
<i>- 1</i>				
4/5		Eduardo Perez		
Signature Printed Name		Name		

FILING FEE: \$25.00