

11000052839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

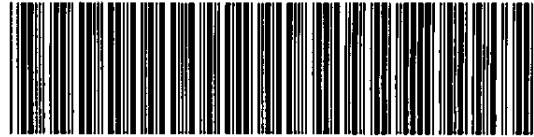
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/04/14--01009--034 **175.00

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2014 AUG 25 PM 2:47
CLERK OF STATE
TALLAHASSEE-FLORIDA

AUG 29 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2014

MICHAEL E. BARGER JR.
1128A 47TH STREET
CLEARWATER, FL 33762

SUBJECT: EARNED LIVING INVESTMENTS, LLC
Ref. Number: L11000052839

We have received your document for EARNED LIVING INVESTMENTS, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 514A00017757

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Earned Living Investments, 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:

Michael E. Barger Jr.
(Name of Person)

Earned Living Investments, LLC
(Firm/Company)

11286A 47th Street
(Address)

Clearwater, Florida 33762
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael E. Barger Jr. at 727, 433-0625
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

*Have check
already*

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Earned Living Investments, LLC

2. The Articles of Organization were filed on _____ and assigned

document number L11000052839

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).

Business closed

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

Michael E. Barger Jr.

Tammi Cornell

11286A 47th St.

Clearwater, FL 33762

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]
Signature

Michael E. Barger Jr.
Printed Name

FILING FEE: \$25.00

Have checks
already

FILED
2014 AUG 25 PM 2:47
TAMPA
FLORIDA