

L11 000 113 669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

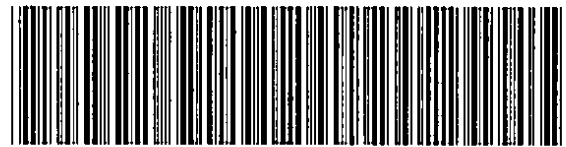
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to File Officer:

J. HORNE  
DEC 22 2021

12/13

Office Use Only



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10/25/21--01029--006 \*\*25.00

FILED

2021 DEC 13 PM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE PH 12:49  
Division of Corporations

November 10, 2021

JACOBINA TRUMP  
1750 GALE STREET  
ENGLEWOOD, FL 34223 US

SUBJECT: OELE LLC  
Ref. Number: L11000113669

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 821A00026850

850-245-6500

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OELE 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:

JACOBINA TRUMP

(Name of Person)

OELE LLC

(Firm/Company)

1750 GALE STREET

(Address)

ENGLEWOOD, FL 34223

(City/State and Zip Code)

For further information concerning this matter, please call:

JACOBINA TRUMP

(Name of Person)

at 786, 457 1606

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2021 DEC 13 PM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

OELE

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned

document number 68-8015649298-0

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

I am not able to generate  
sufficient income from the  
business and have a full time  
job.

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

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

Printed Name

JACOBINA TRUMP

FILING FEE: \$25.00