

L11000128840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

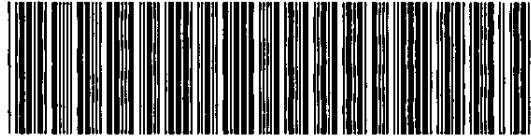
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500271439295

04/14/15--01002--011 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 14 PM 12:17

Ant Diss/cc
@ 4.27.15

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
ELEPHANT WISE LLC
2. The Articles of Organization were filed on Florida sec. Of State and assigned
document number L11000128840
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. (conv 605.0707 on back cover letter).
Death of Member

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

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

AMIRA ELENA VALLE
Printed Name

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 14 PM 12:17

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ELEPHANT WISE LLC

Document number of Limited Liability Company is: L11000128840

Date of dissolution was: 12-31-2014

Description of information that must be included in a written claim:

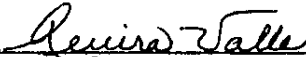
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6415 SW 82ND. ST Miami, FL 33143

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

AMIRA ELENA VALLE

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00