

L12000051550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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08/10/15--01008--022 **25.00

FILED
2015 AUG 10 AM 11:33
STATE
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH 11.001

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ES ELECTRICAL INNOVATIONSLLC
(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:

EROL SANTOS

(Name of Person)

ES ELECTRICAL INNOVATIONSLLC

(Firm/Company)

2339 54TH TERR SW

(Address)

NAPLES FL 34116

(City/State and Zip Code)

For further information concerning this matter, please call:

EROL SANTOS

(Name of Person)

at 239 645-8139

(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**

FILED
2015 AUG 10 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
ES ELECTRICAL INNOVATIONS LLC

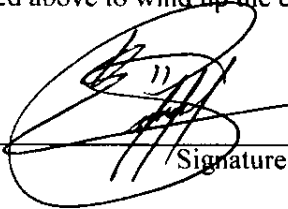
2. The Articles of Organization were filed on 04/16/2012 and assigned
document number L12000051550

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).
VOLUNTARY DISSOLUTION

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

EROL SANTOS

Printed Name

FILING FEE: \$25.00