## 112000057589

| (Requestor's Name)                      |
|---|
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| (Address)                               |
| (************************************** |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Ducinos Fair Nois)                     |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only

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## **COVER LETTER**

| -              | istration Section<br>sion of Corporations      |  |      |
|----------------|--|--|------|
| SUBJECT:       | Elaine Dona                                    | ghul   |      |
|                | (Name of Limit                                 | éd Liability Company)  | -    |
| The enclosed   | Articles of Dissolution and fee(s) are submit  | ted for filing.  |      |
|                | all correspondence concerning this matter to   |  |      |
|                |  | •  |      |
|                | Elaine D                                       | onaghue  |      |
|                | (Nai   | ne of Person   |      |
| ı              |  |  |      |
| acdress_       | (Fir   | in Company) Delray   | Buca |
| address _      | 220 George                                     | Busiv Bird, FL 334 Address)                                  | 144  |
|                | Delrau V                                       | Deach FL 33444  ne and Zip Code)                             |      |
|                | (City/Sta                                      | te and Zip Code)   |      |
| For further in | formation concerning this matter, please call  | ·<br>:   |      |
|                |  | ŧ  |      |
| <u> 210</u>    | (Name of Person)                               | at ( 561) 346-2636<br>(Area Code & Daytime Telephone Number) | -    |
|                |  |  |      |
|                | heck for the following amount:                 |  |      |
| ₩ \$25.        | (M) Filing Fee and Certificate of Dissolution  | Certified Copy (additional copy is enclosed)                 |      |
|                |  |  |      |
|                | ling Address:                                  | Street Address:  |      |
|                | sistration Section dision of Corporations      | Registration Section Division of Corporations                |      |
| / P.O          | . Box 6327                                     | The Centre of Tallahassee                                    |      |
| Tal            | lahassee, FL 32314                             | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303       |      |
|                |  | ·  |      |
| Wa             | s: 771 East Atla                               | nte Ave  |      |
|                | Suite B-4                                      |  |      |
|                | 5: 771 East Atla<br>Suite B-4<br>Delray Beach, | FL 33444   |      |
|                | <i>J</i>                                       | <b>,</b>   |      |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1.       | The name of a limited liability company is  |
|----------|---|
|          | Elaine P. Donaghue  |
| 2.       | The Articles of Organization were filed on <u>September 21</u> and assigned   |
|          | document number <u>112000057589</u>   |
| 3.       | The delayed effective date the dissolution if not effective on the date of filing: 1/2021  (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 mistakenly have 2 LLC's. DB-  |
|          | continuing this one   |
|          |   |
|          | 1.15 2: -<br>   |
| 5.       | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Elwww Donaghue  |
|          |   |
|          |   |
|          |   |
| 6.<br>ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:   |
| <u> </u> | aine Donagnue Elaine Donagnue  Signature Printed Name   |
|          | Signature Printed Name V  |

FILING FEE: \$25.00