

212000159343

(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:

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04/18/14--01022--007 **25.00

FILED

2014 APR 18 PM 2:05

CLERK OF STATE
TALLAHASSEE FLORIDA

APR 23 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elledge Holdings
(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:

Josh Elledge
(Name of Person)
Elledge Holdings, LLC.
(Firm/Company)
2616 Waubleycross Way
(Address)
Orlando, FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

Josh Elledge at (407) 770-9622
(Name of Person) (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

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TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is

Elledge Holdings LLC

2. The Articles of Organization were filed on 12/20/12 and assigned

document number L12000159343

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)

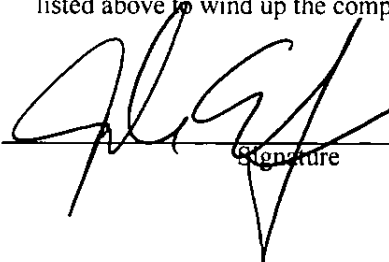
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No longer in operation.

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

Josh Elledge
2616 Wableycross Way
Orlando, FL 32828

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

Joshua E. Elledge
Printed Name

FILING FEE: \$25.00

2014 APR 18 PM 2:05
CLERK OF DISTRICT COURT
STATE OF FLORIDA

FILED