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(Ke	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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	····································	
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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COVER LETTER

то:	Registra Division						
SUBJE	СТ:	Е	P	POWER	MARKETING,		
					(Name of Lim	ited Liability Company)	
The encl	losed Art	icles (of Di	issolution a	and fee(s) are subm	itted for filing.	
Please re	Please return all correspondence concerning this matter to the following:						
	•		R	ESSTE	PIMENTEL		
						ame of Person)	
						irm/Company)	
12420 Riverglen Dr							
						(Address)	
			R	ivervi	ew, FL 3356	9	
					(City/S	State and Zip Code)	

For further information concerning this matter, please call:

SPIMES MILLER at 813, 234-9621

(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:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 1. The name of a limited liability company is E P POWER MARKETING, LLC 2. The Articles of Organization were filed March 6, 2014 and assigned document number ____L13000033079 3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2015 (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.

Ceased to do business and member retired

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).

If there are no members, enter activities and affairs:	r the name and address of the person appointed to wind up the company's
Signature of an authorized pe above to wind up the compan	erson or if there are no members, the signature of the person appointed and say's activities and affairs:

FILING FEE: \$25.00

ZOIG JAN II A ID: 05

Printed Name

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Signature

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.