

L13000044987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

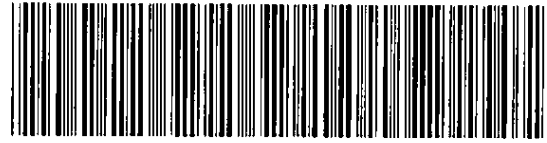
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2022 JAN 18 AM 11:57

ALLAHASSEE, FLORIDA

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2022 JAN 18 PM 1:17

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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Koldis  
w/Notice*

JAN 19 2022

D CONNELL



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: January 17, 2022

Name: GREG PINTACUDA

Reference #: 1571850

Entity Name: ELE MANAGEMENT LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other apon filling need certified copy

Authorized Amount: \$55

Signature:



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TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: January 17, 2022

Account#: I20000000088

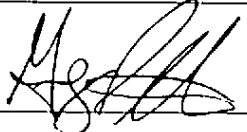
Name: GREG PINTACUDA

Reference #: 1571850

Entity Name: ELE MANAGEMENT LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other apon filling need certified copy

Authorized Amount: \$55

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELE MANAGEMENT, LLC  
(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:

Stefano D'Aniello

(Name of Person)

D'Aniello, PA

(Firm/Company)

7450 Southwest 116th Street

(Address)

Pinecrest, Florida 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Stefano D'Aniello at ( 646 ) 715-8865  
(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

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

1. The name of a limited liability company is  
ELE MANAGEMENT, LLC

2. The Articles of Organization were filed on 03/26/2013 and assigned  
document number L13000044987

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).  
The consent of all the members pursuant to Section 605.0701(2) of the Florida Statutes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Iván Garófalo V.  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

## 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: ELE MANAGEMENT, LLC

Document number of Limited Liability Company is: L13000044987

Date of dissolution was: January 14, 2022

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

A brief description of the nature of the claim, the amount of the claim, and the date the claim was incurred.

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

Attention: Finance & Legal

2135 NW 1st Avenue Miami, FL 33127

with a copy to: Stefano D'Aniello, D'Aniello PA

7450 Southwest 116th Street, Pinecrest FL 33156

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.

Iván Garófalo V.

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**