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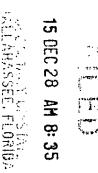
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COVER LETTER

	ration Section on of Corporations			
SUBJECT:	DEUX CHIENS LLC			
SUBJECT: _		cd Liability Company)		
The enclosed A	rticles of Dissolution and fee(s) are submit	ted for filing.		
Please return al	l correspondence concerning this matter to	the following:		
	RHONDA GUINAZZO			
	(Nar	ne of Person)		
	CALER, DONTEN, LEVINE, CO	HEN, PORTER & VEIL, P.A.		
	(Fin	m/Company)		
	505 S. FLAGLER DRIVE, SUITE 90	0		
		(Address)		
	WEST PALM BEACH, FL 3340			
	(City/Su	ate and Zip Code)		
For further info	rmation concerning this matter, please call			
	DELIA LALCHAN	at (561) 832-9292		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a che	eck for the following amount:			
苎 \$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 Division of Corporations	Registration Section 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 con	• •	EUX CHIENS LLC			_•
2. The Articles of Organization were	filed on04/0	3/2013	and assigned		
document numberL1300004912	8				
3. The delayed effective date the diss (effective date can Note: If the date inserted in this block listed as the document's effective date.	not be prior to or mo k does not meet the	re than 90 days later tha applicable statutory	in date document is receiv	ed for filing	
 A description of occurrence that re 605.0707, Florida Statutes, (copy 6 	sulted in the limit 05,0707 on back	ted liability compar cover letter).	ny's dissolution pursu	iant to sec	ction
605.0707 (2) The consent of all t	he members				<u>-</u>
5. If there are no members, enter the activities and affairs:	name and address	of the person appo	inted to wind up the	company	– 's
				25	
				# 10 mm	- 5 OEC
				33.55	28 AM
Signature of an authorized person listed above to wind up the company'	or if there are no is activities and af	members, the signat	ture of the person app	201	က ကို ့ <u>နှ</u> င့်
DocuSigned by:				Z-	<u>Q</u>
PE/cassur 2FF08CAD508A47A		RAY	MOND KASSAR		
Signature		P	rinted Name		_

FILING FEE: \$25.00