470000 50559

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

	ation Section 1 of Corporation	ıs		
SUBJECT:		E8 E	Investments LLC Limited Liability Company)	
		(Name of	Limited Liability Company)	
The enclosed Art	ticles of Dissolu	tion and fee(s) are s	ubmitted for filing.	
Please return all	correspondence	concerning this mat	ter to the following:	
		Loreno	(Name of Person)	
		KARyra	GO-72/ET RASSER P.A.	
			(Firm/Company)	
	508	01 B. 10	(Address) (Address) (ity/State and Zip Code)	
(Address)				
		Avera	na, FL 33180	
		(C	City/State and Zip Code)	
For further inform	mation concernit	ng this matter, pleas	e call:	
l	Dren .	Panson	at (786) 282 6840	
	(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check	k for the following	g amount:		
\$25.00 F	iling Fee and Cer	tificate 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

The name of a limited liability company is	
ESE INVEIGNENTS LLC	
2. The Articles of Organization were filed on $04 05 2013$ and assigned	
document number L 13 00 00 50 559	
3. The delayed effective date the dissolution if not effective on the date of filing: 2/23/15 (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). PLAN OF Liquidation And Trad Fee	n
TEMES OF COST STATES	
Fr cir	
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	- 8 y
Notification and arrange to the second secon	erbita Gene
	Y-
の	Athena
5. Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs:	
EVAGLE ALGUSTO SCH	(E)
8ignature Printed Name	7'
FILING FEE: \$25.00	