

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELAINE'S HEALING PRODUCTS 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:

VIK PARTI, ESQ.

(Name of Person)

LAW OFFICE OF VIK PARTI P.A.

(Firm/Company)

7380 Sand Lake Road Suite 500

(Address)

Orlando, Florida 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

Vik Parti

(Name of Person)

at (321) 297-8756

(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

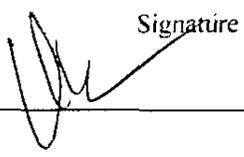
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2014 JAN 10 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
ELAINE'S HEALING PRODUCTS LLC
2. The Articles of Organization were filed on 04/19/2013 and assigned
document number L13000057779
3. The delayed effective date the dissolution if not effective on the date of filing: 04/18/2013
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.

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

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


Printed Name

Vik Parti

FILING FEE: \$25.00