L13000067817

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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SECKETARY OF STATE TALLAHASSEE, FLORIDA

N. Gulligan JUN 2 7 2014

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: ELITE ATMETIC PERFORMANCE LIC |
| (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: |
| |
| JAY OCSEN |
| (Name of Person) |
| |
| (Firm/Company) |
| |
| 21328 Rock Ridde Da (Address) |
| (Address) |
| R 1 |
| Bou Ray FL 33428 (City/State and Zip Code) |
| (Only Blaid Life 23p Code) |
| For further information concerning this matter, please call: |
| JAY MISRN 321 922-9347 |
| Thy Olsen at (581) 922-9342 (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) |
| MANING ADDRESS. CTREET/COUDIED ADDRESS. |

MAILING ADDRESS:

TO:

Registration Section

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 JUN 27 AM 11: 28

| · | | | | SLOKETARY OF ST TALLAHASSEE, FL |
|--|----------------------------------|---------------------|-------------|---------------------------------------|
| The name of a limited liability company is | | | | - PATATIASSEE, FL |
| ELINE ATHLETIC PER | FOLMANUE | ue | | (Mirray |
| | | | | · · · · · · · · · · · · · · · · · · · |
| The Articles of Organization were filed on _ | 11-1 | 8-13 | and | assigned |
| 1 12-1-12 / 12-12 | | | | |
| document number <u>L 130000 67817</u> | | | | |
| The delayed effective date the dissolution if in (effective date cannot be prior | not effective to or more that | on the date of fi | ling: | nt is received for filing) |
| A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 or | he limited li | ability company' | s dissolut | ion pursuant to section |
| _ | | BUSINESS. | | |
| | | 504/50 14/ | ,,,, | |
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| | | | | |
| If there are no members, enter the name and a | iddress of th | e person appoint | ed to win | d up the company's |
| activities and affairs: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Signature of an authorized person or if there sted above to wind up the company's activities | are no meml and affairs: | pers, the signature | e of the p | erson appointed and |
| 1 m 5 | | | | |
| /m/10 L | | JAY L | M. | 0000 |
| Signature | | Prin | ted Name | · ———— |

FILING FEE: \$25.00