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(Re	questor's Name)	
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(Cil	ty/State/Zip/Phone	2 #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

FEB 1 2 2014

T. BROWN

COVER LETTER

*TO: Registration Section

Division of Corporations

SUBJECT: ABOU ELSIO,/LC

(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:

Melva Podrique 2

(Name orperson)

ABOU EL SID, LLC

(Firm/Company)

480/NW 7 thst apt 50/

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Name of Person (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 2. The Articles of Organization were filed on document number 13000 1059/L/. 3. The delayed effective date the dissolution if not effective on the date of 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). Do Businness in the LLC.		
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: Printed Name Printed Name		
FILING FEE: \$25.00		