# L13000124013

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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# **COVER LETTER**

TO: Registration Section Division of Corporations

Elephante & CO,LLC

(Name of Limited Liability Company)

46-3604069

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Letourneau		
(Name of Person)	-	
(Firm/Company)	-	
3601 NE 17th Ave		
(Address)	-	
Oakland Park, FL 33334	20	
(City/State and Zip Code)	2018 AUG	T
For further information concerning this matter, please call:	5	
Angela Letourneau (612 3842644)	$\nearrow$	
(Name of Person) (Area Code & Daytime Telephone Num	nber)	
Enclosed is a check for the following amount:		

E

■ \$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
	Elephante & CO, LLC
2.	The Articles of Organization were filed on $\frac{9/3/2013}{}$ and assigned document number $\frac{L13000124013}{}$
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
	No longer wanted to do business limited Salar
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	CKE AUG TANASSEL A
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and steed above to wind up the company's activities and affairs:
-	hoh Jet Angela Letornen  Printed Name

**FILING FEE: \$25.00**