

L17 000 170255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

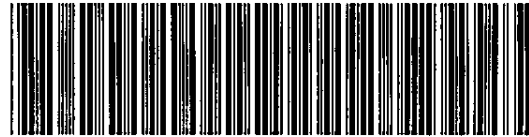
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/21/14--01040--010 **25.00

14 JUL 21 PM 1:04
07/21/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE SQUAD 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:

PAULA MONTOYA

(Name of Person)

JACKSON MONTOYA LAW FIRM

(Firm/Company)

5401 SOUTH KIRKMAN RD SUITE 310

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

PAULA MONTOYA

(Name of Person)

407

363-9020

at ()

(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:

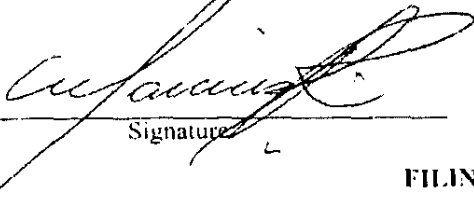
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
EAGLE SQUAD LLC
2. The Articles of Organization were filed on 09/16/2013 and assigned
document number L13000130259
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)
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 COMMENCEMENT OF ANY BUSINESS ACTIVITY
DISSOLUTION WITH THE CONSENT OF ALL 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: N/A
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

MARCIUS RIVAS

Printed Name

FILING FEE: \$25.00

16 JUL 21 PM 1:04