

N13 0000 137550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

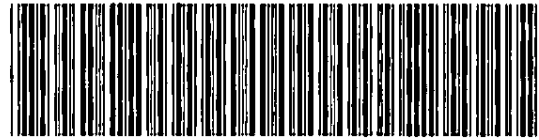
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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CUSHING

*Dissolution*

AUG 24 2022  
D CUSHING

**LISA BRADEN, P.A.**  
4623 FOREST HILL BLVD., SUITE 108  
WEST PALM BEACH, FLORIDA 33415  
E-Mail: Attorneylisabraden@gmail.com  
Telephone: (561) 641-1888

June 2, 2022

Registration Section  
Divisions of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Articles of Dissolution  
ELYOC, LLC  
Document #L13000137550

To Whom It May Concern:

Please find enclosed the Articles of Dissolution for ELYOC, LLC along with a check in the amount of \$55.00 (Filing fee for Certificate of Dissolution & Certified Copy (additional copy is enclosed)).

After you have filed these Articles of Dissolution, please return a Certificate of Dissolution & Certified Copy to my office.

Please call me if you have any questions,

Sincerely yours,



Lisa Braden

enclosures

2022 JUN -9 PM 2:26

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELYOC, 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:

Lisa Braden  
(Name of Person)

Lisa Braden, P. A.  
(Firm/Company)

4623 Forest Hill Boulevard, Suite 108  
(Address)

West Palm Beach, Florida 33415  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Braden at ( 561 ) 641-1888  
(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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ELYOC, LLC

2. The Articles of Organization were filed on October 30, 2013 and assigned

document number 1.13000137550

3. The delayed effective date the dissolution if not effective on the date of filing: June 1, 2022  
(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).

Ceased business activity

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

2022 JUN -9 PM 2:26

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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:

Eileen M. Amoroso  
Signature

Eileen M. Amoroso  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ELYOC, LLC

Document number of Limited Liability Company is: L13000137550

Date of dissolution was: June 1, 2022

Description of information that must be included in a written claim:

Amount of Claim: \_\_\_\_\_

Date of Claim: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

Submit to the company all documentation of claim \_\_\_\_\_

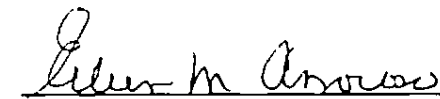
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9133A SW 20th Place

Davie, Florida 33324

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Eileen M. Amoroso  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

2022 JUN -9 PM 2:26  
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