L17000161176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

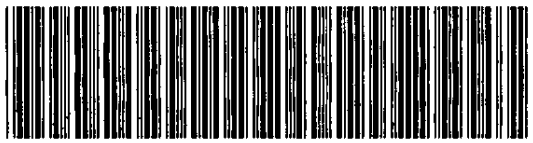
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
16 APR 11 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE'S BUSINESS PARTNER 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:

ANTONIO REGOJO
(Name of Person)

REGOJO LAW, PA
(Firm/Company)

3550 BISCAYNE BLVD STE 507
(Address)

MIAMI, FL 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO REGOJO at (305) 814-8299
(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
EAGLE'S BUSINESS PARTNER LLC

2. The Articles of Organization were filed on 11/18/2013 and assigned

document number L13000161136

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).
THE LIMITED LIABILITY COMPANY WAS DISSOLVED UPON THE UNANIMOUS APPROVAL OF THE MEMBERS OF THE COMPANY.

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:

Signature

LILIANA A. ECKERDT
Printed Name

FILING FEE: $25.00

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16 APR 11 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EAGLE'S BUSINESS PARTNER LLC

Document number of Limited Liability Company is: L13000161136

Date of dissolution was: MARCH 22ND, 2016

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

NAME, ADDRESS AND PHONE NUMBER OF CLAIMANT

DESCRIPTION OF CLAIM, INCLUDING THE DATE AND AMOUNT

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

3550 BISCAYNE BLVD STE 507
MIAMI, FL 33137

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.

LILIANA A. ECKERDT
Printed Name of the Person Filing

Signature of the Person Filing

16 APR 11 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA