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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
Account Number : 120090000089
Phone : (904) 543-4300
Fax Number : (904) 543-4301

**LLC DISSOLUTION OR WITHDRAWAL
EIHW, L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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15 MAY 12 AM 10:00

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MAY 14 2015
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EIHW, L.L.C**

(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:

Theresa M. Kenney, Esq

(Name of Person)

Duss, Kenney, Safer, Hampton & Joos, P.A.

(Firm/Company)

4348 Southpoint Blvd, Suite 101

(Address)

Jacksonville, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa M. Kenney, Esq at **904** **543-4300**

(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

1. The name of a limited liability company is
EHW, L.L.C.

2. The Articles of Organization were filed on February 5, 2014 and assigned document number L14000020427

3. The delayed effective date the dissolution if not effective on the date of filing: May 13, 2015
(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 consent of all the 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:

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:

McKenney
Signature

Theresa M. Kenney, Auth. Rep.

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: EIHW, L.L.C.

Document number of Limited Liability Company is: L14000020427

Date of dissolution was: May 13 2015

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

Name of claimant, source/basis of claim, date of basis for claim,
amount of claim.

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

EIHW, L.L.C.

c/o Theresa M. Kenney, Esq.

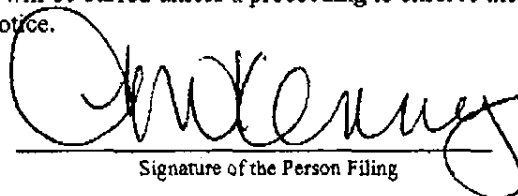
4348 Southpoint Blvd., Suite 101

Jacksonville, FL 32216

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.

Theresa M. Kenney, Esq., Auth. Rep.

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