

L140000037881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

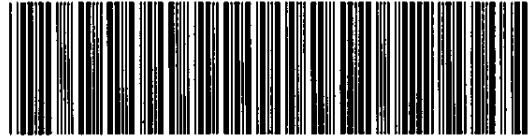
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300267499003

12/23/14--01018--014 **25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EP SALES, 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:

Edgar Puthuff

(Name of Person)

EP SALES, LLC

(Firm/Company)

15440 Fiddlesticks Blvd

(Address)

Fort Myers, FL 33912

(City/State and Zip Code)

For further information concerning this matter, please call:

Edgar Puthuff

(Name of Person)

at (239) 7680634

(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

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TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is

EP SALES, LLC

2. The Articles of Organization were filed on Notice Date 3/7/14 and assigned

document number L14000037881

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).

Failure To receive any orders from
our web site

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

Edgar Puthuff

15440 Fiddlesticks Blvd

Fort Myers, FL 33907

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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:

Edgar Puthuff
Signature

Edgar Puthuff
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: EP SALES, LLC

Document number of Limited Liability Company is: L14000037881

Date of dissolution was: 12/23/14

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

Name of claimant
What the charge is for
When incurred
Ordered by whom

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

Ed Puthuff
15440 Fiddlesticks Blvd
Fort Myers, FL 33912

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TALLAHASSEE FLORIDA

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.

Edgar Puthuff

Printed Name of the Person Filing

Edgar Puthuff

Signature of the Person Filing

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