L14000058577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

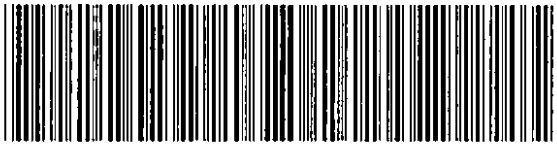
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

AUG 16 2023

Office Use Only



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07/07/23--01011--015 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 JUL -7 AM 8:40

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** E'LIR FITWALL, 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:

(Name of Person)

SILVERSTEIN FAMILY OFFICE
(Firm/Company)

2321 NW THURMAN STREET
(Address)

PORTLAND, OR 97210
(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy (Name of Person) at ( 503 ) 477-7765 (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

# ARTICLES OF DISSOLUTION
# FOR
# A LIMITED LIABILITY COMPANY

FILED
2023 JUL -7 AM 8:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. The name of a limited liability company is
E'Lir Firwall, LLC

2. The Articles of Organization were filed on 04/09/2014 and assigned document number L14000058577

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).

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

SILVERSTEIN FAMILY OFFICE

2321 NW THURMAN ST

PORTLAND, OR 97210

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:

Paul D. Smith

Signature

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: E'LIR FITWALL, LLC

Document number of Limited Liability Company is: L14000058577

Date of dissolution was: _____

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

_____

_____

_____

_____

_____

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DIVISION OF CORPORATIONS

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

SILVERSTEIN FAMILY OFFICE

2321 NW THURMAN ST

_____

_____

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.

Paul D. Smith

_____ _____

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**