

L140000 L6664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

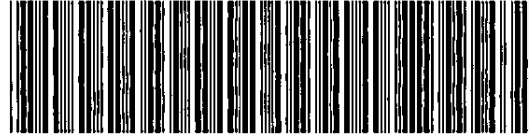
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280632166

01/25/16--01028--003 **25.00

FILED
16 JAN 25 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LE VENTURE CAPITAL, LLC

DOCUMENT NUMBER: L14000060064

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVA RAKOVA

(Name of Contact Person)

(Firm/Company)

16385 VIA VENETIA W

(Address)

DELRAY BEACH, FL 33484

(City/State and Zip Code)

For further information concerning this matter, please call:

EVA RAKOVA

(Name of Contact Person)

at (**561**)

(Area Code)

2451780

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

LE VENTURE CAPITAL, LLC

2. The Articles of Organization were filed on APRIL 11, 2014 and assigned

document number L14000060064

3. The delayed effective date the dissolution if not effective on the date of filing: 01/01/2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

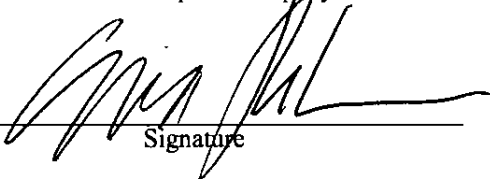
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

VOLUNTARY DISSOLUTION

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: EVA RAKOVA, 16385 VIA VENETIA W, DELRAY BEACH, FL 33483

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

EVA RAKOVA

Printed Name

FILING FEE: \$25.00

FILED
16 JAN 25 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

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: LE VENTURE CAPITAL, LLC

Document number of Limited Liability Company is: L14000060064

Date of dissolution was: 01/01/2016

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

VOLUNTARY DISSOLUTION

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

EVA RAKOVA
16385 VIA VENTIA W
DELRAY BEACH, FL 33484

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.

EVA RAKOVA

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