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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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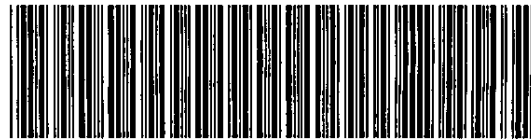
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS
OCT 07 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE BARTENDING SCHOOL OF FORT LAUDERDALE
(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:

DEB DAWSON
(Name of Person)

ELITE BARTENDING " "
(Firm/Company)

19350 E. COUNTRY CLUB DR
(Address)

AVENTURA FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

DEB DAWSON at (305) 505 6500
(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

ELITE BARTENDING SCHOOL OF FORT LAUDERDALE

2. The Articles of Organization were filed on 4/29/2014 and assigned

document number L14000073263

3. The delayed effective date the dissolution if not effective on the date of filing: JULY 11, 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).

THE COMPANY COULD NOT COVER
COSTS ~~ASSOCIATED~~ TO OPERATE.

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

LO. A
Signature

DEBRA DAWSON
Printed Name

FILING FEE: \$25.00

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DIVISION OF CORPORATIONS

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