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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Elven Forest Vapors, 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:

Craig L Paiva							
(Name of Person)							
Elven Forest Vapors, LLC							
(Firm/Company)							
9988 S Florida Ave							
(Address)							
Floral City, FL 34436							
(City/State and Zip Code)							

For further information concerning this matter, please call:

Craig L Paiva at (727) 418-2003 (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

ARTICLÉS OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Elven Forest Vapors, LLC						
2.	The Articles of Organization	were filed on	14	_ and assigned			
	document number L1400008	0206	_				
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 605.0707, Florida Statutes, (that resulted in the limit copy 605.0707 on back of	red liability company's di	ssolution pursua	ant to sec	ction	
	The owner, Craig L. Paiva, had	• •	,	ors, LLC will be		_	
	dissolved as a result of this eve	nt. No sales have been mad	de since the event took place	·,.	A CONTRACTOR OF THE PROPERTY O	17 APR -7 84	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's						
	activities and affairs:	Craig L Paiva			<u> </u>	∵ <u>i</u> =- 	
	`	9988 S Florida Ave					
		Floral City, FL 34436				_	
6.	Signature of an authorized p	person or if there are no	members, the signature of	f the person app	ointed a	– nd	
lis	sted above to wind up the con	npany's activities and aff	fairs:				
(Baig & Pon	د	Craig L Paiva			_	
Signature			Printed	Name			

FILING FEE: \$25.00