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(Re	questor's Name)			
(Ad	dress)			
(Address)				
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	y/State/Zip/Phone			
(Cit	y/State/Zip/Filone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Do	cument Number)			
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Certified Copies	_ Certificates of	or Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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2019 JUL 12 PH 12: 0

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: EWSK, LLC (Name of Limited L					
(Name of Limited L	.iability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted t	or filing.				
Please return all correspondence concerning this matter to the	following:				
Ellen S. Miheve					
(Name of	f Person)				
(Finn/Co	ompany)				
107-B Shirley Dr	ive				
(Add	ress)				
Gulf Breeze, FL	32561				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Ellen S. Miheve (Name of Person)	at (850) 982-5057				
(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:	STREET/COURIER ADDRESS:				
Registration Section	Registration Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



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	nited liability company is		1.5	4.77	
2. The Articles of C	organization were filed on N	\mathcal{O}	514 and assign	ed :	
document numbe	L14000082	942			
Note: If the date	ctive date the dissolution if no (effective date cannot be prior to inserted in this block does not me ment's effective date on the Depar	et the applicable statuto	ry filing requirements.	ceived for filing) this date will not be	
4. A description of 605.0707, Florida	occurrence that resulted in the Statutes, (copy 605,0707 on the Members Love.	limited liability compoack cover letter). Consumed to	any's dissolution po Alss oletha	ursuant to section	
	.=				
5. If there are no me activities and aff	embers, enter the name and ad	dress of the person ap	pointed to wind up (he company's	
					
			· · · · · · · · · · · · · · · · · · ·		
6. Signature of an a listed above to wind	uthorized person or if there ar up the company's activities a	e no members, the signd affairs:	nature of the person	appointed and	
Ellu 1/	Tihere	<u>EUE</u>	15. MIHF	V <u>E</u>	
S	ignature		Printed Name		

FILING FEE: \$25.00