

L14000146141

(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



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04/27/15--01011--014 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 04 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLEVUE CAPITAL, 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:

Pasquale Antonetti, Jr

(Name of Person)

Antonetti Capital Management, LLC

(Firm/Company)

2590 Golden Gate Parkway, Suite 104-B

(Address)

Naples, FL 34105

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pasquale Antonetti, Jr

(Name of Person)

239

403-0218

at ()

(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
EagleVue Capital, LLC
2. The Articles of Organization were filed on 09/15/2014 and assigned
document number L14000146947
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)
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).

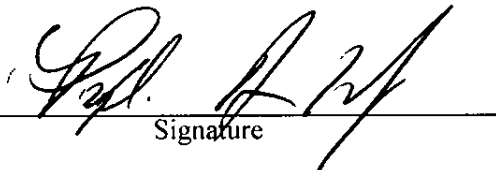
Pursuant to Article 8 of the Operating Agreement, a majority of the Membership

interests consent, in writing, to the dissolution and winding up of EagleVue Capital, LLC

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

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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

Pasquale Antonetti, Jr.

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: EagleVue Capital, LLC
Document number of Limited Liability Company is: L14000146947
Date of dissolution was: date of filing Articles of Dissolution

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

Name of Claimant, address, nature of claim, date, amount claimed and copies of any
documents to support the claim

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

2590 Golden Gate Parkway, Suite 104-B

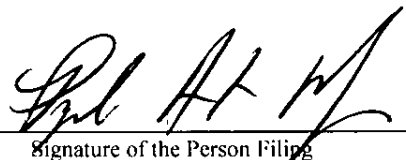
Naples, FL 34105

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TALLAHASSEE, FLORIDA

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.

Pasquale Antonetti, Jr.

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