L14000150347

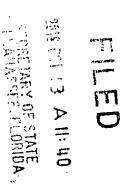
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Can fabordon -Conv. MS token effect	





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S Warren 0CT 13 2016



September 9, 2016

PAUL ELIS 4606 PARK MIRASOL CALABASAS, CA 91302

SUBJECT: LE-1, LLC

Ref. Number: L14000150343

We have received your document for LE-1, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Can not abandon a conversion that has already taken effect. If you want to make it a Florida entity again you need to file a conversion form.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 916A00019202

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: LE-1, LLC	
(Name of Lin	nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subm	sitted for filing
The divisor futions of Dissolution and ree(s) are submi	nace for ming.
Please return all correspondence concerning this matter t	o the following:
Pour	
V HVL CLIV	ame of Person)
L6-1 L1 C	irm/Company)
, (F	irm/Company)
4101 Roan 1	N. A.C.
1006 VALE	(Address)
CALABASAS CA	7/302
(City/S	State and Zip Code)
For further information concerning this matter, please call:	
Par. E.	at (818) 222 1035
(Name of Person)	(Area Code & Daytime Telephone Number)
	(
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution &
	Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability co	ompany is
LE-1 LLC	
2. The Articles of Organization wer	e filed on 9/22/14 and assigned
document number	1000 150 343
Note: If the date inserted in this bloom	ssolution if not effective on the date of filing: approximately approxi
4. A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limited liability company's dissolution pursuant to section 605.0707 on back cover letter).
_	W BACK TO CALIK
5. If there are no members, enter the activities and affairs:	name and address of the person appointed to wind up the company's
	
6. Signature of an authorized person listed above to wind up the company	or if there are no members, the signature of the person appointed and s activities and affairs:
Jan 5/1:	BAUL ELLS
Signature	Printed Name
	THE THE THE CON OR

FILING FEE: \$25.00