

L14000152502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
9/15/14

SEP 30 2014
S. YOUNG

W14-56492



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2014

D. ELIFF SEWELL
3220 NW 21 ST
GAINESVILLE, FL 32605

SUBJECT: ELIFF'S SPECIAL TOUCH L.L.C.
Ref. Number: W14000056492

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TALLAHASSEE, FLORIDA

We have received your document for ELIFF'S SPECIAL TOUCH L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 414A00019791

ATTENTION: SHEILA YOUNG

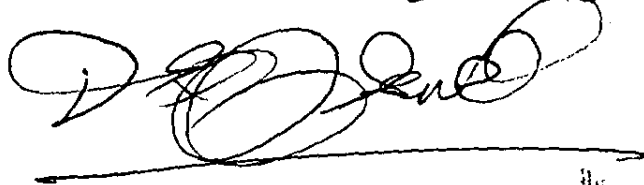
T.W.I.M.C.,

THIS IS A LETTER OF AFFIRMATION
THAT I HAVE NO INTENT, NOR POSSIBILITY,
OF REUNITING MY PREVIOUS LLC ENTITY.

MY NEW REF. #, WITH SAID NAME OF
ELIFF'S SPECIAL TOOTH LLC., IS NOW
W 14000056492. PLEASE CONTINUE FILING!
AND I HOPE THIS MY D.O. # ALSO, ALREADY GAVE IT,
TO WORKCOMP.

THANK YOU,

DONALD ELIFF SENIOR



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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eliff's Special Touch 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:

D. Eliff Sewell

(Name of Person)

Special Touch

(Firm/Company)

3220 NW 21 St.

(Address)

Gainesville, Fl. 32605

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Eliff Sewell

(Name of Person)

352

316 3180

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

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

D. Eliff Sewell

3220 NW 21 St.

Gainesville, FL 32605

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/05/2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

D. Eliff Sewell

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eliff's Special Touch L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3220 N.W. St.
Gainesville, FL 32605

E. Sewell
3220 N.W. 21 St.
Gainesville, FL 32605

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Donald Eliff Sewell

Name

3220 Nw. 21 st.

Florida street address (P.O. Box **NOT** acceptable)

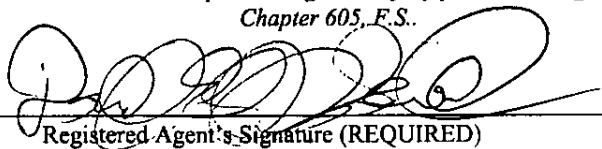
Gainesville,

FL 32605

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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