

L14 000179508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

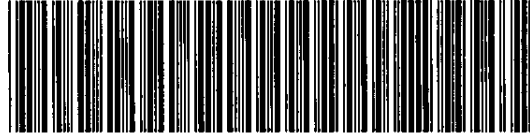
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/22/15--01012--010 **25.00

FILED
15 MAR 23 PM 1:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

MAR 25 2015

T. BROWN

707

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL AND KELMS 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:

MARCO REIS

(Name of Person)

USA TAX CORP

(Firm/Company)

591 E SAMPLE RD

(Address)

POMPANO BEACH FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO REIS

(Name of Person)

954

788-1818

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
EL AND KELMS LLC

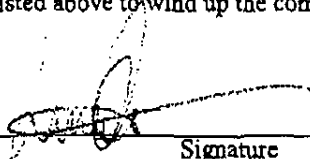
2. The Articles of Organization were filed on 11/19/2014 and assigned
document number L14000179508

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).
THE COMPANY HAS CEASED IT'S OPERATION

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

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

LILIAM K OLIVEIRA

Printed Name

FILING FEE: \$25.00

FILED
15 MAR 23 PM 1:20
TALLAHASSEE, FLORIDA