## 15000015101

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Susiness Entity Name)
(D	Oocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:





500272343555

04/29/15--01015--008 \*\*25.00



86/m8/2 (105/16.15

## **COVER LETTER**

Division of Corporations
SUBJECT: Debt Elimination Advisors, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Klmberly Cocurse  Contact Person)
Debt Elmination Advisors (Firm/Company)
2418 NOrthampton Ave (Address)
Orlando Fl 32828 (City/State and Zip Code)
For further information concerning this matter, please call:
KIMBERY COCUSE at (407) 488-7088 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\int_{\text{\$\subset}}\$

**MAILING ADDRESS:** 

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

**TO:** Registration Section