

L15000040159

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

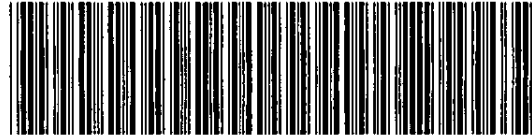
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JAN 15 PM 12:58  
TALLAHASSEE, FLORIDA

JAN 19 2016

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EYES FOR YOU, 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:

JOYCE L. KELLAHAN

(Name of Person)

EYES FOR YOU, LLC

(Firm/Company)

711 5<sup>TH</sup> STREET N.W.

(Address)

NAPLES, FL. 34120

(City/State and Zip Code)

For further information concerning this matter, please call:

JOYCE L. KELLAHAN

(Name of Person)

at

239 216-0619

(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

EYES FOR YOU, LLC

2. The Articles of Organization were filed on MAR. 4, 2015 and assigned

document number L 15000040159

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

LACK OF BUSINESS

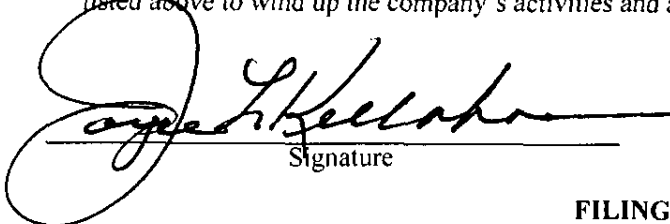
5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:

JOYCE L. KELLAHAN

711 5<sup>TH</sup> ST. N.W.

NAPLES, FL. 34120

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

JOYCE L. KELLAHAN  
Printed Name

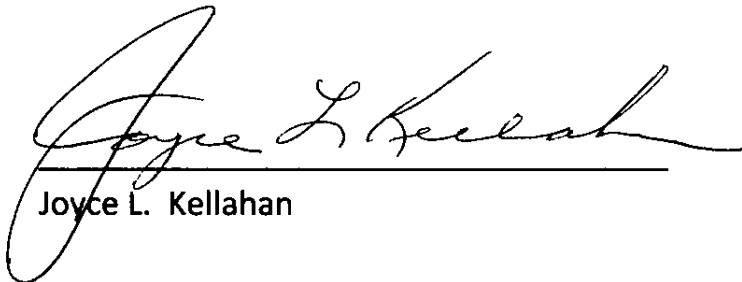
FILING FEE: \$25.00

December 28, 2015

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

As of December 31, 2015, please cancel Eyes for You, LLC,  
document #L15000040159.

Please close all correspondence pertaining to above LLC.



Joyce L. Kellahan

RECEIVED

15 DEC 30 PM 4: 59

DEPT. OF STATE  
TALLAHASSEE, FLORIDA