L15000077441

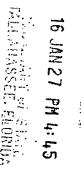
(Re	questor's Name)	 	
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
	N	w \$1	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations TALLA

January 5, 2016

SOCIAALITE LLC 7680 39TH ST CIR E SARASOTA, FL 34243

SUBJECT: SOCIALITE LLC. Ref. Number: L15000077441

We have received your document for SOCIALITE LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker Regulatory Specialist II

SD 245 6914

Letter Number: 116A00000189

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Socialite 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:			
Armando R. Polack			
(Name of Person)			
(Firm/Company)			
7680 39th St. Cir. E			
(Address)			
Darasota, FL 34243			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Katia Maravi at (941) 915-5659			
(Name of Person) (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
	Socialite LLC.
	The Articles of Organization were filed on
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) 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). MUNDERS MOVED OVERS
	翠
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	FECREDA 5
6. list	Signature of an authorized person of it there are no members, the signature of the person appointed and all above to wind up the company's activities and affairs:
	Signature Printed Name FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a writte	n claim:
	JAN 27
	E FOR
	5
Mailing address where claims can be sent: (Claims cannot be sent)	e sent to the Division of Corporations)
	_
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this needs to be a second or the second of t	
Printed Name of the Person Filing	Signature of the Person Filing