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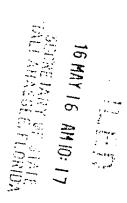
| (Re | questor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| . (Cit | ry/State/Zip/Phone | - #h | | | |
| _ | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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| | | | | | |

Office Use Only



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MAY 17 2016 J SHIVERS

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--------------|
| SUBJECT: ERONNEX, 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: | |
| JAANA ERONEN | |
| (Name of Person) | |
| (Firm/Company) | |
| WINDERMELE, FL 34786 | |
| WIND ERNELE, FL 34786 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Arca Code & Daytime Telephone: Number) | چه د خو مخوس |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee and Certificate of Dissolution \$\sim \\$55.00 \text{ 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

| The name of a limited lia | | | · |
|---|---|---|--|
| The Articles of Organiza | tion were filed on | ······································ | and assigned |
| document number | | | |
| (effect Note: If the date inserted | te the dissolution if not effective date cannot be prior to or more in this block does not meet the affective date on the Department of | than 90 days later than date d pplicable statutory filing re | : ocument is received for filing) equirements, this date will not be |
| <i>,</i> | nce that resulted in the limites, (copy 605.0707 on back co | | |
| MEMBERS AND | LE MOUNTA BACK | TO EUROPE | AND THE |
| COMPANY EX | ISTENCE IS NO | NECESSARY | ANYMORE. |
| If there are no members, | enter the name and address o | f the person appointed to | o wind up the company's |
| activities and affairs: | | | S. 1. 8 |
| | | | 110: 17 SINIE FLORIDA |
| . Signature of an authorize sted above to wind up the o | d person or if there are no mocompany's activities and affa | embers, the signature of irs: | the person appointed and |
| edua drouu | w ce: | Johns Con | NAN IAISTO GRON |

FILING FEE: \$25.00