

L15000 133 174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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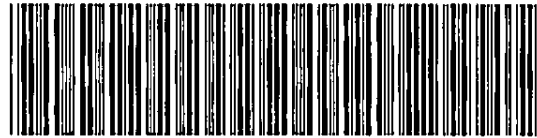
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 20 AM 10:57

STATE OF CALIFORNIA
TAX OFFICE

Y SULKER

AUG 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E. J. NAGELIS & ASSOCIATES, 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:

KATHRYN LEAL NAGELIS (PERSONAL REPRESENTATIVE OF ESTATE)
(Name of Person)

E. J. NAGELIS & ASSOCIATES, LLC
(Firm/Company)

1502 CONSOLATA AVENUE
(Address)

CORAL GABLES, FLORIDA 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHRYN LEAL NAGELIS at (305) 308-7191
(Name of Person) (Area Code & Daytime Telephone Number)
PERSONAL REPRESENTATIVE OF ESTATE

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

PAID CK # 5301030925

☐ \$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

E. J. NAGELIS & ASSOCIATES, LLC

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

document number L15000133174

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).

OWNER PAST AWAY

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

KATHRYN LEAL NAGELIS

1502 CONSOLATA AVENUE

CORAL GABLES, FLORIDA 33146

PERSONAL REPRESENTATIVE OF ESTATE

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:

Kathryn Leal Nagelis

Signature

KATHRYN LEAL NAGELIS

Printed Name

PERSONAL REPRESENTATIVE OF ESTATE

FILING FEE: \$25.00

2019 AUG 20
ST. PETERSBURG
FILED
11:17 AM
ALH:10:37

FILED