1/6000098652

| (Req | uestor's Name) | | |
|---|------------------|-------------|--|
| (Addi | ress) | | |
| (Addi | ress) | 1 | |
| (City/ | /State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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2016 NOV 14 PM 3: 58
SECRETARY OF STATE

K. SALY

COVER LETTER

TO: Registration Section

Division of Corporations

SUB IFCT.

ELLERBY ENERGY & RESOURCES, 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:

MARY ANN WILSON

(Name of Person)

M A WILSON CPA LLC

(Firm/Company)

PO BOX 4244

(Address)

ORMOND BEACH, FL 32175

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY ANN WILSON

_{ar} 386

441-7797

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 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

2016 NOV 14 PM 3:58
FALLAHASSEE. FLORIDA

| 1. | The name of a limited liability ELLERBY ENERGY & RESOU | | TALLAHASSEE. | |
|-------------|---|---|---|--|
| 2. | The Articles of Organization | were filed on MAY 20, 2016 | and assigned | |
| | document number L16000098 | 652 | | |
| 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 b listed as the document's effective date on the Department of State's records. | | | |
| 4. | 605.0707, Florida Statutes, (co | opy 605.0707 on back cover letter). | ompany's dissolution pursuant to section | |
| | STATE. | | | |
| 5. | If there are no members, enter activities and affairs: | the name and address of the person MARY ANN WILSON, REGISTERED | appointed to wind up the company's DAGENT | |
| | | | | |
| 6. lis | Signature of an authorized pe ted above to wind up the comp | rson or if there are no members, the pany's activities and affairs: | signature of the person appointed and | |
| N | auf my full Signature | MARY ANI | N WILSON Printed Name | |
| / Signature | | | I IIIICU Name | |

FILING FEE: \$25.00