47000101867

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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECREMENT OF STATE
OF THE SHOOT

WAY 21 2018

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Eagle Boys Delivery

(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:

Francisco Villanueva Campos (Name of Person) Eagle Boys Delivery (Firm/Company) 15220 Lyons Rd (Address) Delray Beach, Florida 33446

For further information concerning this matter, please call:

Francisco Villanueva Campos at 561 403-4857

(Name of Person) (Area Code & Daytime Telephone Number)

(City/State and Zip Code)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & MixCertified 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

| | ARTICLES OF DISSOLUTION |
|-----------|---|
| | FOR A LIMITED LIABILITY COMPANY 18 FILED |
| 1. | The name of a limited liability company is Eagle Boys Delivery The Articles of Organization were filed on 5/4/2017 and assigned |
| 2. | The Articles of Organization were filed on 5/4/2017 and assigned |
| | document number L17000101867 |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: 428/20/8 (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). |
| | Business never started selling or provide any services for any type of payment. Therefore, business never |
| | generated any profit. |
| | |
| | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: MORAD, IBRAHIM 5640 W ATLANTIC AVE #205DELRAY BEACH, FL.33 |
| | CASTEDO FARIAS, ISABEL 5640 W ATLANTIC AVE #205DELRAY BEAC |
| | MOSKOWITZ, LAUREN 15220 LYONS RDDELRAY BEACH, FL 33446 |
| | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs: |
| | |
| | Francisco Villanueva Campos Printed Name |
| | FILING FEE: \$25.00 |