

L19 000 252220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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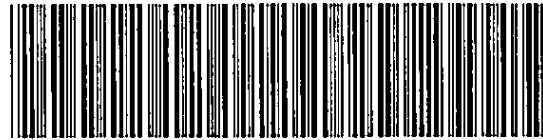
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 MAY -6 AM 5:32
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ePhilanthropy Partners 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

Nancy L Brown
(Name of Person)

(formerly) ePhilanthropy Partners LLC
(Firm/Company)

Box 5152, Clearwater, FL 33758
(Address)

nancy.brown.mba@gmail.com
(City, State and Zip Code)

For further information concerning this matter, please call:

Nancy L Brown at (727) 398-5997
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

ePhilanthropy Partners LLC

2. The Articles of Organization were filed on October 2019 and assigned

document number L19000252220

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).

Start up ran into a roadblocks with COVID-19.
Owner/sole investor/managing member took on
too much debt to continue. No financial partners
exist. Decision for Dissolution made Dec 31, 2020

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


Nancy L Brown

PO Box 5152

Clearwater, FL 33758

nancybrownmka@gmail.com

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:


Signature

Nancy L Brown
Printed Name

FILING FEE: \$25.00

FILED
MAY - 6 2021
5:32
CLERK
OF
THE
STATE
OF
FLORIDA