

h19 000285483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/14/21--01020--005 **25.00

2021 JUL 14 AM 7:48

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AUG 02 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Elevated Path 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:

Carlen Macchiarolo
(Name of Person)

(Firm/Company)

504 Vanneil St.
(Address)

Port charlo He, FL 33754
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlen Macchiarolo at (845) 863-4458
(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

2021 JUL 14 AM 7:48
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1. The name of a limited liability company is

The Elevated Path

2. The Articles of Organization were filed on Jan. 1 2020 and assigned

document number L19000285483

3. The delayed effective date the dissolution if not effective on the date of filing: 7/10/21
(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).

No income was made from business

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

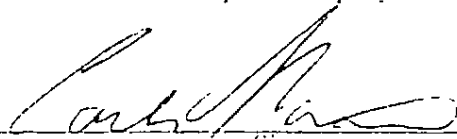
Carlen Macchiario

504 Vannell St.

Port Charlotte, FL

33954

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

Carlen Macchiario

Printed Name

FILING FEE: \$25.00