120000272371

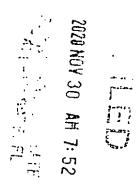
(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500355580925

11/30/20--01028--025 **75.00



O SIMMONS JAN 1 4 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Elite Parmers Tro	d Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Denna Go	ithrie of Person)
Elite Partners	Training L.C.
71 Millstone	
Patas/cala (City/State	OH 43062 and Zip Code)
For further information concerning this matter, please call:	
Jenna Lauthrie (Name of Person)	at (740) 504-1835 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: Z \$25.00 Filing Fee and Certificate of Dissolution	S55.00 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 Elite Parmers Training LLC
2.	The Articles of Organization were filed on 9/1/2020 and assigned
	document number <u>L200002723</u> 71
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).
	This LCCis not needed and will not be used.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Jenna Gythrie
	Patascala, OH 43062
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Jenna Guthrie Printed Name
_	Signature Printed Name FILING FEE: \$25.00