

L21 000 206 160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

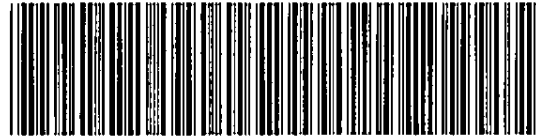
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

MAY 17 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIACOUNTING 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:

PAMELA BARNETT PERSONAL REPRESENTATIVE
(Name of Person)

(Firm/Company)
5518 EGGLESTON AVE
(Address)
ORLANDO, FL 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA BARNETT at 386 748-1548
(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

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TALLAHASSEE, FLORIDA
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RECEIVED
MAY 01 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2023

EADY HAWES
EHACCOUNTING LLC
1326 SOUTH RIDGEWOOD AVENUE, STE 8
DAYTONA BEACH, FL 32114

SUBJECT: EHACCOUNTING LLC
Ref. Number: L21000206160

We have received your document for EHACCOUNTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot file a Statement of Correction for an Annual Report filing. All we needed was an email or letter advising the FEIN needed changing. I have updated our records with the correct FEIN.

Enclosed is an application for refund. The name and address provided on the application is who the refund will be made payable to. When the recipient of the refund is a business entity the Federal Employer Identification Number (FEIN) is required. If an individual is the recipient their social security number (SS No) is required.

The refund cannot be processed without this information.

The requestor will need to date and sign the application.

Please return the application and allow 30 to 60 days for the refund to be processed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 323A00002249

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

EHACCOUNTING LLC

2. The Articles of Organization were filed on 05/03/2021 and assigned

document number L21000206160

3. The delayed effective date the dissolution if not effective on the date of filing: 01/03/2023
(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).

EDYTHE M HAWES, SOLE MBR AND REGISTERED AGENT

DATE OF DEATH - 01/03/2023

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

PAMELA BARNETTE PERSONAL REPRESENTATIVE

5518 EGGLESTON AVE

ORLANDO, FL 32810

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SECRETARY GENERAL
TALLAHASSEE, FLORIDA

FILED

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:

Pamela W. Barnette

Signature

PAMELA BARNETTE

Printed Name

FILING FEE: \$25.00