

L21 000 381188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

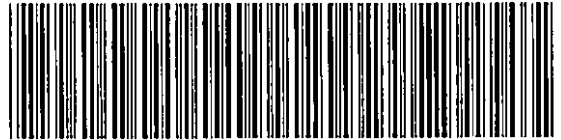
(Business Entity Name)

(Document Number)

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2024 OCT 14 AM 10:49  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EshopUSA Store LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees) are submitted for filing

Please return all correspondence concerning this matter to the following:

ERIKA SILVA  
(Name of Person)  
EshopUSA Store LLC  
(Firm Company)  
193 LANSBROOK CT  
(Address)  
Orlando - Florida 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

EVADAO at 321 217 2316  
(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

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

EShopUSA STORE LLC

2. The Articles of Organization were filed on 12/31/2023 and assigned

document number L21000381188

3. The delayed effective date the dissolution is not effective on the date of filing: 12/31/23  
(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).

Not Applicable

Closed

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

SILVA, ERIKA

193 LANSBROOK CT

DADE, FL 334761

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

SILVA ERIKA  
Printed Name

FILING FEE: \$25.00

STATE OF FLORIDA  
TALLAHASSEE, FL

2024 OCT 14 AM 10:49

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