

L23000040465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

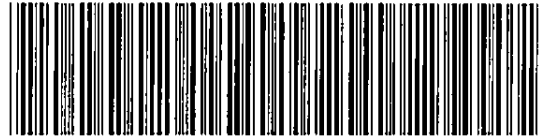
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 JUN 26 AM 10:10  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite HR Services 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:

Della Boyea

(Name of Person)

ELITE HR SERVICES LLC.

(Firm/Company)

700 E. AMERICAN EAGLE DRIVE

(Address)

SAINT AUGUSTINE, FL 32902

(City/State and Zip Code)

For further information concerning this matter, please call:

DELLA BOYEA

305

725-5722

at ( )

(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**

**FILED**

**2024 JUN 26 AM 10: 10**

**DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
ELITE HR SERVICES LLC.

2. The Articles of Organization were filed on 1/23/2023 and assigned  
document number L23000040465

3. The delayed effective date the dissolution if not effective on the date of filing: 2/1/2023  
(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).

I've decided to go back to school and further my education to obtain my MBA. Thus, I cannot dedicated time to n  
business and with my current full time job and school.

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

700 E. American Eagle Drive

Saint, Augustine, FL 32902

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

Della Boyea  
Printed Name

**FILING FEE: \$25.00**