

L23000 24102d

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

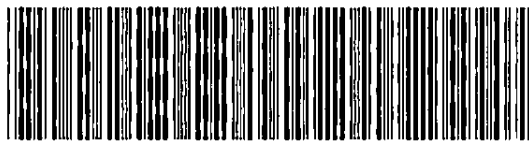
\_\_\_\_\_  
(Document Number)

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J. HORNE  
JUN 28 2024

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2024 JUN 28 PM 3:24

FILED

Gergene Deylan  
5273 SW 721 Terrace  
Cooper City FL 33330  
(305) 336 9360

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empowered Entrepreneurs Group, 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:

Sergene Deyan  
(Name of Person)  
Empowered Entrepreneurs Group, LLC  
(Firm/Company)  
5273 SW 121 Terrace  
(Address)  
Cooper City FL 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sergene Deyan at (305) 336-9360  
(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**

1. The name of a limited liability company is

Empowered Entrepreneurs Group, LLC

2. The Articles of Organization were filed on 4/28/2024 and assigned

document number L23000241061

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.

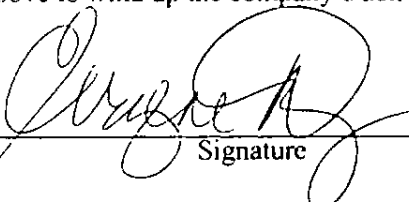
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Dormant Company

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

Sergene Dejean  
5713 SW 121 Terrace  
Cooper City FL 33330

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

Sergene Dejean  
Printed Name

**FILING FEE: \$25.00**

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2024 APR 22 PM 3:26

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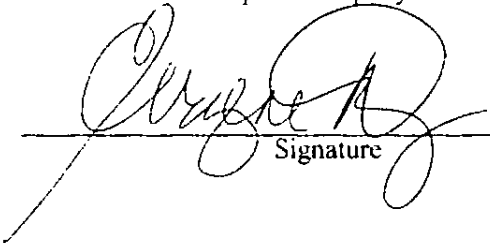
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Cooper City FL 33330

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Signature

Sergene Dejean  
Printed Name

FILING FEE: \$25.00