M70177

(Requestor's Name)
(Address)
(* 1841-855)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;

Office Use Only



000420785760

dissolution

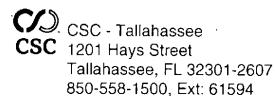
T-11_ED
2024 JAN 11 PH12 38

A. RAMSEY

JAN -12 2024

A. RAMSEY

RECEIVED



To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 01/11/24 Order #: 1386465-1

Re: ELVIRETTA CORPORATION

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed-please-find:-

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

12000000195

auth

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILEU

2024 JAN 11 PM 12 38

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Elviretta Corporation
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: January 8, 2024
	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date) 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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Robin Schalekamp
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35