## P20000056835

(Re	equestor's Name)	
(Ad	ldress)	
	dress)	
(/\u	uress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	siness Entity Nar	ne)
(50	Siness Entity Har	iic,
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	, <u> </u>	

Office Use Only



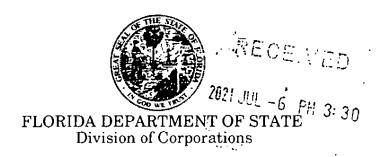
900370577929

04/22/21--01009--001 \*\*25.00

07/28/21--01005--001 \*\*10.00

CRETARY OF STAIL
CAHASSEE, FLORIDA

7/27/21



June 9, 2021

YVONNE PICKARD 5701 NORTHWEST 2ND AVENUE 311 BOCA RATON, FL 33487

SUBJECT: YEP ENTERPRISES LLC

Ref. Number: P20000056835

We have received your document for YEP ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carlotta L Harper Document Specialists

Letter Number: 421A00012731

DO DOM COOL DI LI COOL

## To Whom It May Concern:

As you know we previously filled out the wrong form. Here is the corrected one along with the \$10 difference I owe.

Any questions let me know.

Thank you,

Yvonne Pickard

Yvonne952@aol.com

561.454.9803

## COVER LETTER

Division of Corporations		
SUBJECT: YEP En	terprises CLC	
DOCUMENT NUMBER:	00000 56835	
The enclosed Articles of Dissolution and for	ce are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Yvonne Pic (Name of C	Kard	
(Name of 6	Contact Person)	
YED Enterp	uses LLC	
570/ NW	orses LLC  n/Company)  and Ave #3//	
Boca Eaton	ddress)  (FC 774P)	
(City/Stat	te and Zip Code)	
For further information concerning this mat	ter, please call:	
Yvenne Rickard	1 at ( 561) 454 - 980 } (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	nt:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status &  (Additional copy is enclosed) (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
	a color of perporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION

The name of the corporation as currently filed with the Florida Department of State:

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:

	yep en terprises LLC
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation:
FOURTH:	None of the corporation's shares have been issued.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.
Sign	Ature:    Apring Fichard     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.)    April 2

Filing Fee: \$35