

L10000044154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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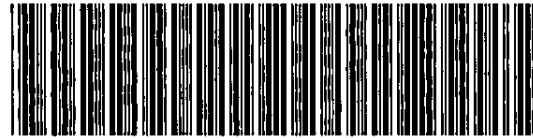
(Business Entity Name)

(Document Number)

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12/31/13--01018--006 \*\*55.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LMCO2, 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:

MARK LEVEY  
(Name of Person)

LMCO2, LLC  
(Firm/Company)

1810 W KENNEDY BLVD.  
(Address)

TAMPA, FL 33606  
(City/State and Zip Code)

For further information concerning this matter, please call:

KENDRA GUSTAFSON at ( 813 ) 280-8551  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

LMCO2, LLC

2. The Articles of Organization were filed on 04/26/2010 and assigned  
document number L10000044154

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013

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).

608.441 (1.C) UNLESS OTHERWISE PROVIDED IN THE ARTICLES OF ORGANIZATION  
OR OPERATING AGREEMENT, UPON THE WRITTEN CONSENT OF ALL OF THE  
MEMBERS OF THE LIMITED LIABILITY 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: N/A

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



Printed Name

MARK LEVEY

**FILING FEE: \$25.00**

14 JAN -2 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA