

L13000055478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

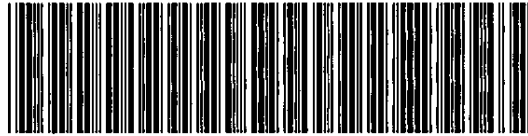
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 24 A 11:23

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2016

WILLIAM STEPHEN BLACK
1435 PIEDMONT DRIVE, SUITE 110
TALLAHASSEE, FL 32308

SUBJECT: L.A.B. CONSULTING SERVICES, LLC
Ref. Number: L13000055478

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 716A00003099

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of L.A.B. Consulting Services, LLC

DOCUMENT NUMBER: 213000055478

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wm Stephen Black II

(Name of Contact Person)

(Firm/Company)

1435 Piedmont Dr E, Suite 110

(Address)

Tallahassee FL 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

Wm Stephen Black II

(Name of Contact Person)

at (850)

(Area Code)

322-3161

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

~~L.A.B. Consulting, LLC~~ L.A.B. Consulting Services, LLC

2. The Articles of Organization were filed on 4/16/13 and assigned

document number 213000055478

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).

Consent of all members

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

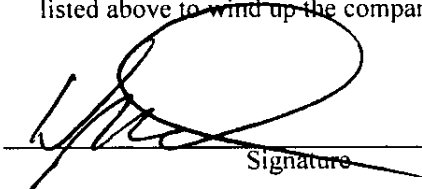
Wm Stephen Black II

1435 Piedmont Dr E

Suite 110

Tallahassee FL 32308

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

Wm Stephen Black II
Printed Name

FILING FEE: \$25.00

2016 FEB 24 A 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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