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COVER LETTER

Division of Corporations				
SUBJECT: LMTI CONSULTING, 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:				
LOUIS J. MARIANY (Name of Person)				
LMTI CONSULTING, LLC (DISSOLVED)				
(Firm/Company)				
10069 GULF BLVD.				
(Address)				
TREASURE ISLAND, FL 33706				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
LOUIS J. MARIANY at 407 230-5926 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				

TO:

Registration Section

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

FILED

l.	The name of a limited liability company is	2023 JAN 17 AM 9: 31	
	LMTI CONSULTING, LLC	S-CRETARY OF STATE	
2.	The Articles of Organization were filed on 63/03/2015	and assigned	
	document number <u>L/5000039/17</u>		
3.	The delayed effective date the dissolution if not effective on the date of fil (effective date cannot be prior to or more than 90 days later than 20 days later than 2	ling: 12-3/-22 late document is received for filing) ing requirements, this date will not be	
4.	A description of occurrence that resulted in the limited liability company's 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	•	
-	OWNER AND OPERATOR, LOURS J. M.	ARIANY, RETIRED	
	FROM THE INSURANCE INDUSTRY	Y AFTER 55 YEAR	5
•			
5.	If there are no members, enter the name and address of the person appoint activities and affairs:		
	10069 GULF BL	W)	
	TREASURE ISLAMI	D. FL 33706	
	<u></u>		
6. abo	Signature of an authorized person or if there are no members, the signatur pove to wind upthe company's activities and affairs:	e of the person appointed and listed	[
		115 J. MARIANY	/
		10 U. //////A/YY	

FILING FEE: \$25.00