

L18000115125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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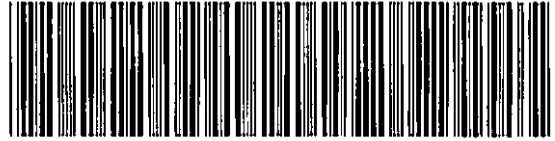
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

2018 DEC 19 AM 10:43

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Laurie Pangonis 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:

Laurie Pangonis  
(Name of Person)  
Laurie Pangonis LLC  
(Firm/Company)  
1467 Mt Laurel Dr  
(Address)  
Winter Springs, FL 32708  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie Pangonis at ( 407 ) 761-3696  
(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  
Laurie Pangonis LLC
2. The Articles of Organization were filed on 5/8/2018 and assigned  
document number L18000115125
3. The delayed effective date the dissolution if not effective on the date of filing: 12/17/2018  
(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).  
lack of business

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
- Laurie Pangonis
- 1467 Mt Laurel Dr
- Winter Springs, FL 32708

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:

Laurie L. Pangonis  
Signature

Laurie Pangonis  
Printed Name

**FILING FEE: \$25.00**