# 020000000

(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
	Office Llee On	

12-21/09



300162137843

12/07/09--01011--019 \*\*25.00

12/21/09--01002--002 \*\*10.00

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LNS ASSOCIATES INC (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:
Lovick P. Suddath (Name of Person)
(Name of Person)
(Firm/Company)
9 Marsh Housk
9 Marsh Howk (Address)
Amelia Island Fl 32034 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Lovick P. Suddath at (904) 277-8800 (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 \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status  Certified Copy  Certified Copy  (additional copy is enclosed)  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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2009

LOVICK P. SUDDATH 9 MARSH HAWK AMELIA ISLAND, FL 32034

SUBJECT: LNS ASSOCIATES, INC.

Ref. Number: F02000001094

We have received your document for LNS ASSOCIATES, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

There is a blanance 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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 209A00037715

Returned

ZUOY DEC 18 AM

Division of Comparations DO DOV 6297 Tallahaggas Florida 2921

#### **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJEC	CT: LNS ASSOCIATES (Name	TNC of Corporation)
DOCUM	MENT NUMBER: FOZOOOO	1094
The enci	losed withdrawal application and fee are su	bmitted for filing.
	eturn all correspondence concerning this the following:	
	Lovick P. Suddatt	)
	(Name	of Person)
	(Firm/	Company)
	a Marie House	Sompany)
•	- 9 Marsh Howk	ldress)
	9 Marsh Howk (Ac Amelia Island FL (City/State	37034
	(City/State	and Zip code)
For furth	ner information concerning this matter, pleas	
Loi	vick P. Suddath at	904 ) 277-8800
	(Name of Person)	(Area Code & Daytime Telephone Number)
	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

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

LNS ASSOCIATES INC	2809 SEI TALL
(Name of Corporation)	28 8 ""
F0200000 1094	SSEEC I
(Document Number of Corporation (if known)	n'i K pon
GEORGIA	IATE, ORIĐA
(Incorporated Linder Laws of)	

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

AMELIA ISLAND FLORID (City/State/Zip)	A 32034
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  Lovick P. Sudda Hh  (Typed or printed name of person signing)	President (Title of person signing)

FILING FEE \$35