

L01000017613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600051841596

05/02/05--01027--007 **35.00

LC09/28/05

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

05 SEP 27 PM 2:16

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lucerne, LLC

DOCUMENT NUMBER: L01000017613

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Peterson

(Name of Person)

(Name of Firm/Company)

3069 Carrigan Canyon Drive

(Address)

Salt Lake City, Utah 84109

(City/State/and Zip Code)

For further information concerning this matter, please call:

Marilyn Peterson

(Name of Person)

at (801) 467-8010

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FILED
05 SEP 27 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCERNE, 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:

Marilyn H. Peterson
(Name of Person)

(Firm/Company)

3069 Carrigan Canyon Drive
(Address)

Salt Lake City UT 84109
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 27 PM 2:16

FILED

For further information concerning this matter, please call:

Barbara Petroski at 321.689.2279
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Filing fee has been pd.

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 5, 2005

MARILYN PETERSON
3069 CARRIGAN CANYON DRIVE
SALT LAKE CITY, UT 84109

SUBJECT: LUCERNE, LLC
Ref. Number: L01000017613

FILED
05 SEP 27 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LUCERNE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Enclosed is the proper form for your LLC.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 405A00032338

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

1. The name of the limited liability company is

LUCERNE, LLC

2. The date the dissolution was approved: December 1, 2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Company was dissolved - Dissolution was
approved by all members & voted on
for dissolution

4. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signed this 27 day of April, 2005 Consents necessary to approve

Signature: [Signature]
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Finley M. Hamilton
(Typed or printed name of person signing)

Manager

(Title of person signing)

Filing Fee: \$35

FILED
05 SEP 27 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA