

L02000031949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

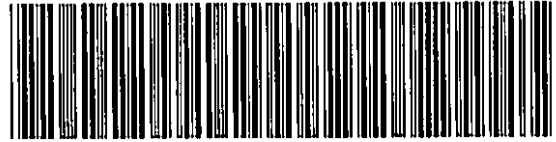
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/23/18--01038--013 **25.00

2018 JUL 23 AM 9:17
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leisure Investments 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:

Julie Kelley
(Name of Person)

(Firm/Company)

1806 Sherwood Lakes Blvd
(Address)

Lakeland FL 33809
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Kelley at (863) 206-3959
(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

Leisure Investments LLC

2. The Articles of Organization were filed on Nov 27, 2002 and assigned

document number L02000031949

3. The delayed effective date the dissolution if not effective on the date of filing: April 21, 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).

Selling of business associated with this LLC.

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

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:

Julie E Kelley
Signature

Julie E Kelley
Printed Name

FILING FEE: \$25.00

2018 JUL 23 AM 9:11
RECEIVED
CLERK OF FLORIDA
DEPARTMENT OF STATE

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Leisure Investments LLC

Document number of Limited Liability Company is: L 02000031949

Date of dissolution was: April 21, 2018

Description of information that must be included in a written claim:

Business name, Contact Name, Physical Address, Mailing address
email, phone number, description of claim, amount of claim,
supporting documentation showing proof of claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Leisure Investments LLC
P.O. Box 530
Lakeland FL 33802

2018 JUL 23 AM 9:17
ALLAHASSIST.FLORIDA

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Julie Kelley

Printed Name of the Person Filing

Julie E Kelley

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00