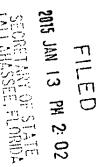
## L04000067978

-					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
(50	ournone (varioci)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	<u> </u>				



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01/13/15--01016--002 \*\*25.00



Office Use Only

## **COVER LETTER**

10:		istration Section ision of Corporations			
SUBJE	CT:	Lily LLC			
(Name of Limited Liability Company)					
		Articles of Dissolution and fee(s) are submitted all correspondence concerning this matter to the	_		
		Susan Maciel			
	(Name of Person)				
	(Firm/Company)				
	193 Delightful Lane (Address)  Zionville, NC 28698				
		(City/State	e and Zip Code)		
For furt	her i	nformation concerning this matter, please call:			
Susan Maciel		407	619-1373		
		(Name of Person)		de & Daytime Telephone Number)	
Enclosed	d is a	check for the following amount:			
J				g Fee, Certificate of Dissolution & opy (additional copy is enclosed)	
		MAILING ADDRESS:	STR	EET/COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2015 JAN 13 PM 2: 02

1.	The name of a limited liabilities Lily LLC	ty company is	SECRETARY OF STATE TALL AHASSEE, FLORIDA			
2.	The Articles of Organization	were filed on <u>9/15/2004</u>	and assigned			
	document number L04000	0067978				
3.	The delayed effective date the delayed effective	ne dissolution if not effective on the date cannot be prior to or more than 90 date.	he date of filing: 1/30/15  ays later than date document is received for filing)			
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	Company's affairs were concluded					
5.	If there are no members, ent	if there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:	Susan Maciel				
6. lis	Signature of an authorized pated above to wind up the con	erson or if there are no members, npany's activities and affairs:	the signature of the person appointed and			
	SSI		Susan A. Marcel Printed Name			
	Signature		Printed Name			

FILING FEE: \$25.00