

LOS0000044517

(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



700338483867

01/02/20--01002--001 **75.00

FILED

2019 DEC 30 PM 12:56

SECURITY

2019 DEC 30 PM 3:03

INFORMATION

Y 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LZSC, 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:

J. Breck Brannen, Esq.

(Name of Person)

Pennington, P.A.

(Firm/Company)

P.O. Box 10095

(Address)

Tallahassee, FL 32302

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Breck Brannen

(Name of Person)

at (850) 222-3533

(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
LZSC, LLC

2. The Articles of Organization were filed on 5/2/2005 and assigned
document number L05000044517

3. The delayed effective date the dissolution if not effective on the date of filing: date of filing
(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).
Consent of the Managing Member and a majority of Other Members in accordance with Paragraph 11.1 of the
Operating Agreement of the Company.

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:

Richard M. Levine
Signature

Richard.M. Levine, Managing Member
Printed Name

FILING FEE: \$25.00

2019 DEC 30 PM 12:56

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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: LZSC, LLC

Document number of Limited Liability Company is: L05000044517

Date of dissolution was: _____

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

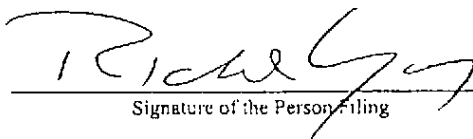
1. Claim amount;
2. Factual basis of Claim, stated with specificity; and
3. Origination date of Claim.

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

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.

Richard M. Levine, Managing Member

Printed Name of the Person Filing



Signature of the Person Filing

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

2019 DEC 30 PM 12:56
ST
TAX

FILED