

L05000 122878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

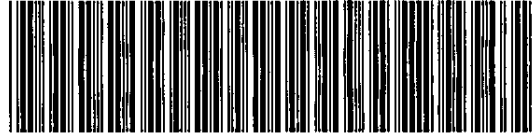
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700280109197

12/21/15--01005--020 \*\*25.00

FILED  
15 DEC 21 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 21 2015

J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUSAN LOMAX GREER LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

Susan Lomax

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2481 Pond Run Ave

\_\_\_\_\_  
(Address)

Cincinnati, Ohio 45244

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Lomax

407

451-1802

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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  
SUSAN LOMAX GREER LLC

2. The Articles of Organization were filed on 12/23/2005 and assigned  
document number L05000122878

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 all Members.

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

**FILED**  
**55 DEC 21 AM 7:10**  
**SECRETARY OF STATE**  
**TALEAH ASSOCIATES, FLORIDA**

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:

Susan Lomax  
Signature

Susan Lomax

Printed Name

**FILING FEE: \$25.00**