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(Address)
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(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
TALLAHASSEE, FI TALE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LAGREG PROPERTIES, 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:			
LAURA BENITO (Name of Person)			
LAGREG PROPERTIES, LLC (Firm/Company) 13292 NW 64 COURT HE APP (Address) PLANTATION, FL. 3332 FF D (City/State and Zip Code)			
(Firm/Company)			
13292 NW 6th COURTER &	T		
(Address) SSA 2			
PLANTATION FL. 33325 T	[T]		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
YOLANDA C-RAH5 at (954) 2243674 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	us &		

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	
LAGREG PROPER	TIES, LLZ
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: 04/30 4. A description of occurrence that resulted in the limited of 608.441, Florida Statutes, (copy 608.441 on back cover This business 9s Not plane agreed to discolve	1
5. CHECK ONE:	
All debts, obligations and liabilities of the limit OR- Adequate provision has been made for the debt 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company OR-	of STATE
Signatures of the members having the same percentage of men	mbership interests necessary to approve the dissolution:
Signature	Printed Name
Lalina	LAURA BENITO
Johndon C. Hamb	YOLANDA C.RAHS

FILING FEE: \$25.00