L06000012147

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone i	/)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
·		
Dias.		

Office Use Only



300134584573

08/19/08--01021--014 **30.00

OR SEP -5 PH 2: 21
SECRETARY OF STATE
SECRETARY OF STATE

BA 9/5

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LVM Holdings, LLC	<u>-</u>		
(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:			
June A Carew			
(Name of Person)	_		
LVM Holdings, LLC			
(Firm/Company)	_		
6302 Southbridge St		08 SEP	
(Address)	五代	<u>.</u>	7
Windermere, FL 34786	SSE	2	
(City/State and Zip Code)	10 (2)	PE -	-
For further information concerning this matter, please call:	STATE ORIDA	PH 2:21	
June A Carew at (407) 217-2062			
(Name of Person) (Area Code & Daytime Telephone Nu	mber)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 F Certificate of Status Certified Copy Certificate of Certified Copy Certified Copy	ору	&	d)
MAILING ADDRESS: STREET/COURIER ADI	DRESS	•	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2008

JUNE A CAREW 6302 SOUTHBRIDGE ST WINDERMERE, FL 34786

SUBJECT: LVM HOLDINGS, LLC Ref. Number: L06000012147

We have received your document for LVM HOLDINGS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the effective date of the limited liability company's dissolution.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Signatures are required for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal (850) 245-6851.

Gina McLeod Regulatory Specialist II

Letter Number: 508A00046790

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ary 03,2006 and assigned document num
and assigned decument ham
1.08
d liability company's dissolution pursuant to section er letter).
SE SE
SER
-5
m-< m _c ,
STAL FLORE
nited liability company have been paid orgischarged.
ebts, obligations and liabilities pursuant to s. 608.4421.
ed among its members in accordance with their respect
ou unong to monocis in accordance was also respect
ny in any court.
tisfaction of any judgment, order or decree which may
membership interests necessary to approve the dissoluti
Printed Name
June A Carew
· · · · · · · · · · · · · · · · · · ·
/ de