

L06000056956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

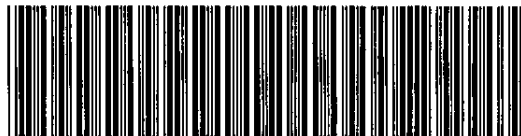
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
2015 APR -1 PM 3:21

Amel D155
@ 4/21/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFETIME MEMORIAL TRIBUTES 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:

DAVID J. LANDIS

(Name of Person)

(Firm/Company)

3800 GALT OCEAN DRIVE #407

(Address)

FORT LAUDERDALE FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID LANDIS

(Name of Person)

at (954) 449-3351

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

1 \$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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR -1 PM 3:21

1. The name of a limited liability company is

LIFETIME MEMORIAL TRIBUTES LLC

2. The Articles of Organization were filed on JUNE 5 2006 and assigned

document number LOG000056956

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days 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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

COMPANY HAS DECIDED TO DISSOLVE LLC AS IT NEVER
ENGAGED IN ANY BUSINESS

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:


Signature

DAVID J. LANOIS
Printed Name

FILING FEE: \$25.00