LOWWOOHA74

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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2014 HAR 10 AM 10: 57

MAR 11 2014 D. BRUGE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAL Enterprises, LLC DOCUMENT NUMBER: LO6000064274
DOCUMENT NUMBER: L 06 0000 64 2 7 4
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lorraine Bell (Name of Contact Person)
(Name of Contact Person)
(Firm/Company) 8771 NW 41 St. (Address) Cooper City, 7L 33024 (City/State and Zip Code) For further information concerning this matter, please call: Lorraine Bell at (786) 5121580 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Bigsquare{1}\$\$ \$25 \text{ Filing Fee} \text{ \$\Bigsquare{1}\$}\$\$ \$30 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)} \$\$ \$60 \text{ Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)} \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
2.	The Articles of Organization were filed on 6-23-2006 and assigned
	document number L 0 6 0000 6 4 2 7 4
3.	The delayed effective date the dissolution if not effective on the date of 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).
	NO LONGER AN ACTIVE 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: Lorraine Bell
	8771 NW 41 St.
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
1	Oneine Bell Lorraine G. Bell Stonature Printed Name
	Signature Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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.

Date of dissolution was:	3/1/2014	-		
Description of information	that must be included in a wri	itten claim:		
	-			
				······································
				,
Mailing address where clai	ms can be sent: (Claims canno	ot be sent to the Division of	f Corporations)	201
Mailing address where clai	·		<u>.</u> .	· 22
Mailing address where clai	·		<u>.</u> .	2014 HAR 10
Mailing address where clai	·	ot be sent to the Division of W 41 St. City, 71 330	<u>.</u> .	•
Mailing address where clai	·		<u>.</u> .	2014 HAR 10 AH 10: 5
Mailing address where clai	·		<u>.</u> .	•
A claim against the above	·	W 41 St. City, FL 330	24 SEE FLORIDS	AH 10: 57

Printed Name of the Person Filing