(Re	equestor's Name)	
(Ac	Idress)	
(Ac	idress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LA 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:			
LAYMONICA D. SAMUEL (Name of Person)			
LA Properties LLC (Firm/Company)			
6312 SE 41 ST CT (Address)			
Ociala, FL 34480 (City/State and Zip Code)			
(eig/eille lip eig/			
For further information concerning this matter, please call:			
LArmonica Samuel at (352) 361-1160 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$55.00 Filing Fee & Solution Status Solution S			
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 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is LA Properties LLC	<u></u>
2. The Articles of Organization were filed on August L 06000076434	2,2006 and assigned document number
3. The date the dissolution was approved: April 1.	2007
4. A description of occurrence that resulted in the limited lial 608.441, Florida Statutes, (copy 608.441 on back cover let	pility company's dissolution pursuant to section
LACK of resources to acquire	Property under the LLC.
5. CHECK ONE: All debts, obligations and liabilities of the limited OR-OR-Adequate provision has been made for the debts, of the limited and additional and interests. 7. CHECK ONE: There are no suits pending against the company in OR-OR-Adequate provision has been made for the satisfact entered against it in any pending suit.	obligations and liabilities pursuant to s. 608.4421. nong its members in accordance with their respective
ignatures of the members having the same percentage of memb	ership interests necessary to approve the dissolution:
Signature	Printed Name
Jamoniea Schull	LATMONICA SAMUEL
celhea Sougen	419Ma (200 Bon o
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	가 있는 경우 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
FILING FEE	: \$25.00 RATION: