# LO TOOOO KOO21

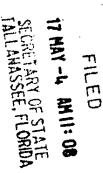
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



600298527816

05/04/17--01018--017 \*\*25.00



**S Warren** MAY - 5 2017

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Leads Investigative, Consulting & Educational Services, Ilc

(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:

Harry M. Barr	
(Name of Person)	
eads Investigative, Consulting & Educational Services,	llc
(Firm/Company)	
6517 NM 16th Place	
(Address)	
Gainesville, Fl. 32605	

(City/State and Zip Code)

For further information concerning this matter, please call:

Harry M. Barr

<sub>...</sub>352

219-8803

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution
Dissolution was Filed on Line
4/30/17 + Centilled

□ \$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

# Notice of Limited Liability Company Dissolution

# NOTE: This page is optional

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.

Name of Limited Liability Company:Leads Investigative, Consulting & Educational Services, Ilc
Document number of Limited Liability Company is: L07000016021
Date of dissolution was: 04/30/2017
Description of information that must be included in a written claim:
The Claimant must provide; Name, Address& Phone number; Amount of claim;description or nature
of claim, date claim accrued or incurred; whether or not there are any additional charges, such as interest, late fees, penalties, etc
The type and amount of such charges, all invoices and other documentation of claim; Whether or not claim is contingent and the nature of the contingency;
Whether or not the claim is covered by any insurance and all information relating to the coverage and insurance company; names and
addresses of all parties, persons or entities who are obligated to pay all or portion of claim, also the nature and amount of their liability.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Leads Investigations/ Harry M. Barr, MGRM
c/o Virginia E. Griffis, Esq.
SCRUGGS & CARMICHAEL, P.A.
SCRUGGS & CARMICHAEL, P.A.  1 S. E. 1st Ave. Gainesville, Fl. 32601

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Harry M. Barr

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00