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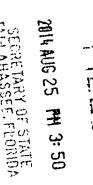
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	· #)	
PICK-UP WAIT	MAIL	
(Business Entity Nan	ne)	
(Document Number)		
Certified Copies Certificates	of Status	
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AUG 28 2014

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:				
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
TER PANISCET (Name of Person)				
LX2.LLC ODIN'S DEN (Firm/Company)	SECRUT/			
5436 BAY LAGOON CIRCLE	13 Y OF S			
ORLANDS F1. 32919 (City/State and Zip Code)	TAIE			
For further information concerning this matter, please call:				
TER: L. PANISSCT at (407) 595-3211 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$25.00 Filing Fee and Certificate of Dissolution \$\frac{1}{2}\$\$ \$25.00 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

1.	The name of a limited liabilit	y company is 、しして	
2.	The Articles of Organization	were filed on $\frac{7}{2}$ 2002 and assigned	
	document number L O 7 c	000068 788	
3.	The delayed effective date the (effective de	e dissolution if not effective on the date of filing: ate cannot be prior to or more than 90 days later than date document is received for filing)	
4.	605.0707, Florida Statutes, (co	hat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter). LAS evicted from 1335 Howell Branch	Ro
			(-
	WINTER PARK	Fl 32919 due to the lack of	
	•	could no longer make rent 250 25	4-02.22
5	If there are no members, enter	r the name and address of the person appointed to wind up the company's	
٥.	activities and affairs:	TER' L. PANISSCT ST W	į,,,,
	activities and arrans.	50	
		5436 BAY LAGUAR CIRcle	
		ORLANDO E1 32819	
6. lis	Signature of an authorized per ted above to wind up the comp	rson or if there are no members, the signature of the person appointed and pany's activities and affairs:	
ول	i d Panuss Signature	TER, PANISCET Printed Name	
		FILING FEE: \$25.00	
	er i friedda		
	State of Florida		
	County of Orange	ment was acknowledged before me this day of Hag - 2014	w
ı	The forgoing instrur	ment was acknowledged before me this day of the day of	-
	as identification.		

Notary Public State of Florida Tonya M Adams My Commission EE 830326 Evoires 09/21/2018