L07100103372

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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11 MAR 22 PM 4: 05

SECRETARY OF STATE
ANALYSEE F. STATE

D. BRUCE
MAR 2 3 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2011

STEVEN D. LONGINO 2402 MOLLY LANE GREEN COVE SPRINGS, FL 32043

SUBJECT: LIGHT SOLUTIONS OF JACKSONVILLE, LLC

Ref. Number: L07000103372

We have received your document for LIGHT SOLUTIONS OF JACKSONVILLE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 911A00002403

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SECKEJARY OF STATE
FAIL OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Light Solutions of Jacksonville, 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:
Steven D. Longino
(Name of Person)
Light Solutions of Jacksonille U.C.
(Firm/Company)
2402 Molly Lane □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
(Address)
Green Cove Springs, Florida 32043 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Steven D Longino at (904) 315-4875
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
(additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited liability company is Light Solutions of Jacksonville, LLC 	
2. The Articles of Organization were filed on 10/10/L07000103372	/2007 and assigned document number
3. The date the dissolution was approved: 12/29/10)
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section
The shareholders decided to close the bu	usiness as all operations ceased in July 2010
5. CHECK ONE:	
All debts, obligations and liabilities of the li	mited liability company have been paid or discharged.
	ated among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp-OR-Adequate provision has been made for the sentered against it in any pending suit.	any in any court. atisfaction of any judgment, order or decree which may be
signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature 1	Printed Name
A Ma	Steven D. Longino
	SEE SEE
<u> </u>	
	STATE CORRUPA