

LOT000109710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

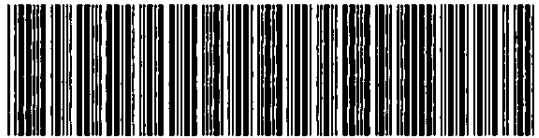
(Document Number)

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12/11/09--01010--017 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC 30 PM 2:41

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lexeron 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:

Vilen Melik-Alaverdian

(Name of Person)

Lexeron LLC

(Firm/Company)

300 Lynn Shore Dr. #711

(Address)

Lynn, MA 01902

(City/State and Zip Code)

For further information concerning this matter, please call:

Vilen Melik-Alaverdian

(Name of Person)

at ( 781 ) 598-4015

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2009

VILEN MELIK-ALAVARDIAN  
300 LYNN SHORE DRIVE #711  
LYNN, MA 01902

SUBJECT: LEXERON LLC  
Ref. Number: L07000109710

We have received your document for LEXERON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of Dissolution was approved has to be before it was received in our office. That date was 12/11/09.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 909A00037964

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2  
FILED  
09 DEC 30 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**Lexeron LLC**

2. The Articles of Organization were filed on **October 30, 2007** and assigned document number  
**L07000109710**

3. The date the dissolution was approved: **12/01/2009**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

**Discontinue business**

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

*Vilen Melik-Alaverdian*

Printed Name

**Vilen Melik-Alaverdian**

FILING FEE: \$25.00