

LO7 000124568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400207381634

05/09/11--01036--005 **25.00

FILED
2011 MAY 13 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 16 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2011

MIKE LEHMANN
628 GRIFFITH ROAD, SUITE I
CHARLOTTE, NC 28217

SUBJECT: CELLEX LLC
Ref. Number: L07000124568

We have received your document for CELLEX 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 811A00011544

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 13 PM 3:38

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cellex 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:

Mike Lehmann

(Name of Person)

Cellex LLC

(Firm/Company)

628 Griffith Road, Suite 100

(Address)

Charlotte, NC 28217

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Lehmann

(Name of Person)

at (704) 288-3333 Ext 401

(Area Code & Daytime Telephone Number)

FILED
2011 MAY 13 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Cellex LLC

2. The Articles of Organization were filed on 12/17/2007 and assigned document number
L07000124568

3. The date the dissolution was approved: 5-9-11

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).
moved to North Carolina

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 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

Printed Name

Mike Lehmann