

L08000009578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

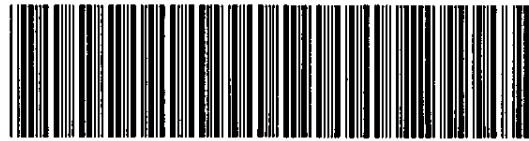
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P,SS

Office Use Only



600266860596

11/26/14--01021--004 **25.00

FILED
14 NOV 26 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.800.000.0000 11/26/14

COVER LETTER

TO: Registration Section
Division of Corporations

LUKAS POLYGRAGH, LLC

SUBJECT: _____
(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:

SCOTT OR BARBARA LUKAS

(Name of Person)

(Firm/Company)

1100 RED RIDGE RD.

(Address)

STORY, ARKANSAS 71970

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA LUKAS

870

490-2444

(Name of Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

\$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

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

1. The name of a limited liability company is
LUKAS POLYGRAGH, LLC

2. The Articles of Organization were filed on **JANUARY, 28, 2008** and assigned
document number **L08000009578**

3. The delayed effective date the dissolution if not effective on the date of filing: **N/A**
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

BOTH MEMBERS VOLUNTARILY AGREE TO DISSOLVE OUR COMPANY (LLC)

DUE TO OUR RETIREMENT.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: **N/A**

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

Barbara Lukas

Scott F. Lukas

Printed Name

FILING FEE: \$25.00

14 NOV 26 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED