

LC8000016688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

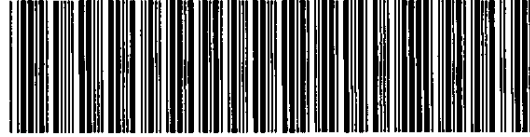
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279800155

12/11/15--01019--003 **25.00

FILED
15 DEC 11 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 13 2015
J SHIVERS

ICARD MERRILL

ATTORNEYS & COUNSELORS

Bruce P. Chapnick
Attorney At Law

2033 Main Street
Suite 600
Sarasota, FL 34237
941.366.8100
Direct: 941.552.3889
Fax: 941.366.6384
bchapnick@icardmerrill.com

icardmerrill.com

December 10, 2015

VIA FEDERAL EXPRESS/
OVERNIGHT DELIVERY

Florida Department of State, Div. of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Dissolution of LarrySleep, LLC
Our File No.: 66918-105509

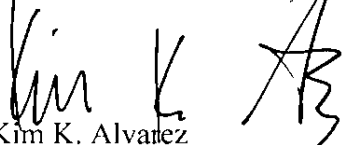
Dear Sir or Madam:

Enclosed please find one (1) original and one (1) copy of the Articles of Dissolution For a Limited Liability Company for LarrySleep, LLC ("Articles") for filing with the Florida Department of State, together with our check (no. 87709) in the amount of Twenty Five and 00/100 Dollars (\$25.00) representing the filing fee.

Please forward confirmation to our office once the Articles have been filed.

Should you have any questions, please do not hesitate to contact me. Thank you.

Cordially,
ICARD, MERRILL, CULLIS, TIMM,
FUREN & GINSBURG, P.A.


Kim K. Alvarez
Legal Assistant to Bruce P. Chapnick

BPC/ka
w/enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LarrySleep, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000016659

The enclosed **Articles of Dissolution** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE P. CHAPNICK, ESQ.

(Name of Contact Person)

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

(Firm/Company)

2033 MAIN STREET, SUITE 600

(Address)

SARASOTA, FL 34237

(City, State & Zip Code)

BCHAPNICK@ICARDMERRILL.COM

(Email Address - to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE P. CHAPNICK

(Name of Contact Person)

at (941) 366-8100

(Area Code & Daytime Telephone)

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

MAILING ADDRESS:

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

STREET ADDRESS:

Department of State
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: LarrySleep, LLC.
2. The Articles of Organization were filed on 02/14/2008 and assigned document number L08000016659.
3. The delayed effective date of the dissolution if not effective on the date of filing: _____.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes.

Company has sold all of its assets and sole member has elected to liquidate and distribute the net assets to the sole member

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

15 DEC 1 AM 5:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Lawrence S. Cohen and Judith A. Dear Trust
Dated December 30, 2014

By: Barbara Autrey, Co-Trustee Barbara Autrey, Co-Trustee
Barbara Autrey, Co-Trustee Printed Name

FILING FEE: \$25.00