

1080000 71285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

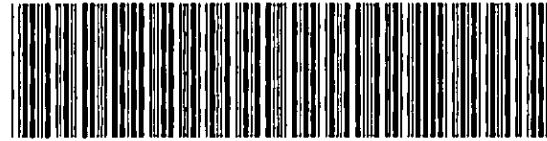
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200338264862

12/30/19--01014--017 \*\*25.00

2019 12 30 17:54

R WHITE  
JAN 09 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LYNUM & ASSOCIATES, PLLC

**DOCUMENT NUMBER:** L08000071285

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Lynam  
\_\_\_\_\_  
(Name of Contact Person)

Lynam & Associates PLLC  
\_\_\_\_\_  
(Firm/Company)

P O Box 1078  
\_\_\_\_\_  
(Address)

Wildwood FL 34785  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Lynam at ( 352 ) 571-6200  
\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25 Filing Fee	<input type="checkbox"/> \$30 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$60 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LYNUM & ASSOCIATES, PLLC

Document number of Limited Liability Company is: L08000071285

Date of dissolution was: 12/27/2019

Description of information that must be included in a written claim:

---

---

---

---

---

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P O Box 1078

Wildwood FL 34785

---

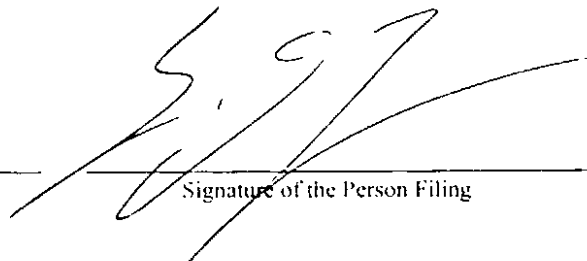
---

---

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Edward Lynum

Printed Name of the Person Filing



Signature of the Person Filing

ARTICLES OF DISSOLUTION 7/19/2019 11:53

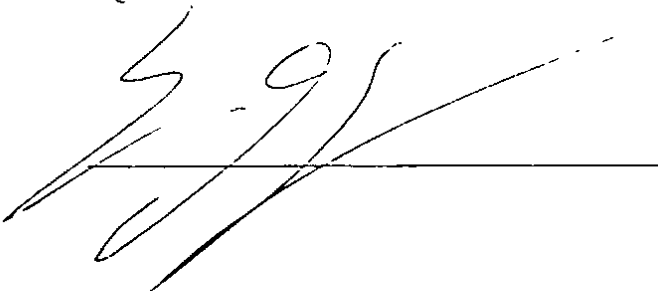
FOR

**LYNUM & ASSOCIATES, PLLC  
FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is: Lylum & Associates, PLLC.
2. The date dissolution was approved: December 21, 2019.
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes: Relocation to District of Columbia.
4. All known debts, obligations, and liabilities of the company have been paid or discharged. Adequate provision has been made for the debts, obligations, and liabilities of the company under F.S. 608.4421.
5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
6. There are no lawsuits pending against the company in any court. Adequate provision has been made for the satisfaction of any judgment or order that may be entered against the company in any pending lawsuit.

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

Signature



Typed or Printed Name

Edward J. Lylum