

LO8000090633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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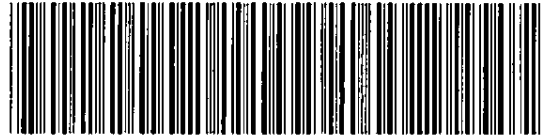
(Business Entity Name)

(Document Number)

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FILED
TALLAHASSEE, FLORIDA

2025 FEB -6 PM 1:01

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAGARTO AZUL, 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:

JOHN M. HAMM
(Name of Person)

LAGARTO AZUL, LLC
(Firm/Company)

2090 DUNWOODY CLUB DRIVE, SUITE 106258
(Address)

ATLANTA, GA 30350
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN M. HAMM
(Name of Person)

at (404) 214 6690
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2025 FEB -6 PM 1:01

1. The name of a limited liability company is

LAGARTO AZUL, LLC TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 09/23/2008 and assigned

document number L08000090633

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

WINDING DOWN OPERATIONS AND MANAGEMENT

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:

John M. Hamm
Signature

JOHN M. HAMM
Printed Name

FILING FEE: \$25.00