## LU8000094571

(Requ	uestor's Name)	<u> </u>	
(Addı	ress)		
(Address)			
(City/	State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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B. KOHR

JAN 1 5 2010

**EXAMINER** 

DIVISION OF CORPORATION

## **COVER LETTER**

	stration Section sion of Corporations		G.
SUBJECT:	Lucie, LLC		10 mg/s
•		imited Liability Company)	A.
			5
The enclosed	Articles of Dissolution and fee(s) are sul	bmitted for filing.	
Please return	all correspondence concerning this matte	er to the following:	
	Maria Isabel Gonzalez		
		(Name of Person)	
	Lucie LLC		
		(Firm/Company)	
	9300 West Flagler Stre	et Apt 118	
		(Address)	
	Miami, FL 33174		
	(City	y/State and Zip Code)	
For further in	formation concerning this matter, please	call:	
Ma	ria I Gonzalez	at (786 )	326-6274
<del>**/32</del>	(Name of Person)		Daytime Telephone Number)
Enclosed is a cl	heck for the following amount:		
\$25.60 Filin	g Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Registrati Division o Clifton Bu	
	Tallahassee, FL 32314	2661 Exec	cutive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



<ol> <li>The name of a limited liability company is Lucie, LLC</li> </ol>	11. Weight
2. The Articles of Organization were filed on Oct 6, 2 L08000094571	
3. The date the dissolution was approved:	2010
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove	l liability company's dissolution pursuant to section er letter).
RESIGNATION	
5. CHECK ONE:	
OR-Adequate provision has been made for the del	nited liability company have been paid or discharged.  bts, obligations and liabilities pursuant to s. 608.4421.  ed among its members in accordance with their respective
☐-OR-	isfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
My M	Maria I. Gonzalez
<del></del>	