

LO9000063045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

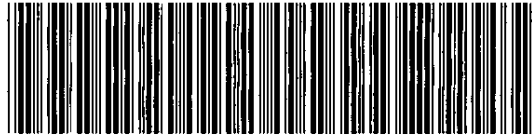
Special Instructions to Filing Officer:

L. SELLERS

AUG 19 2009

EXAMINER

Office Use Only



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08/17/09--01007--001 **60.00

09 AUG 17 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Lorna T. Gregory
607 W. Bay Street
Tampa, Florida 33606
(5610 289-8619

August 12, 2009

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Dissolution for
A Limited Liability Company,
Optima Benefits, L.L.C.

Dear Madam or Sir:

Enclosed for filing please find Articles of Dissolution For A Limited Liability Company in the name of Optima Benefits, L.L.C. Also enclosed please find my check in the amount of \$60.00 for the filing fee, Certificate of Status and a Certified Copy of same.

Thank you for your kind assistance in this matter, and if you have any questions, please do not hesitate to contact me.

Very truly yours,


Lorna T. Gregory

Enclosures: Cover Letter
Articles of Dissolution
Check No. 1161 in the Amount of \$60.00

LTG/dsn

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optima Benefits, L.L.C.
(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:

Lorna T. Gregory
(Name of Person)

(Firm/Company)

607 W. Bay Street
(Address)

Tampa Florida 33606
(City/State and Zip Code)

For further information concerning this matter, please call:

Lorna T. Gregory at (561) 289-8619
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

09 AUG 17 AM 11:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

Optima Benefits, L.L.C.

2. The Articles of Organization were filed on 6/29/09 and assigned document number

L09000063045

3. The date the dissolution was approved: July 3, 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Decided not to move forward with new business.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

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

Signature

L. T. Gregory

Printed Name

Loanna T. Gregory