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(Red	questor's Name)	<u> </u>	
(Address)			
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(City	//State/Zip/Phone #	9)	
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M. MILLIGAN NOV 18 2016

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Lazy Days Creations

(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:

Mary Owens	
(Name of Person)	
Lazy Days Creations	
(Firm/Company)	
7000 Cairo rd	
(Address)	
Cocoa, FL 32927	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Mary Owens

_321

591-2318

(Name of Person)

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		
· · · · · · · · · · · · · · · · · · ·	ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPA	
The name of a limited lia Lazy Days Creations	bility company is	2
2. The Articles of Organiza	tion were filed on	and assigned
document number L0900	0069295	
(effect Note: If the date inserted	te the dissolution if not effective on the date tive date cannot be prior to or more than 90 days later in this block does not meet the applicable statuto fective date on the Department of State's records	than date document is received for filing) ry filing requirements, this date will not be
605.0707, Florida Statute Lazy Days Creations will be	nce that resulted in the limited liability comps, (copy 605.0707 on back cover letter). ecome desolved effective filing date of this article in is the sole owner of Lazy Days Creation LLC	es of dissolution.
as Lazy Days Creations and	wishes to disolve this Limited Liability Corpora	ation.
5. If there are no members, activities and affairs:	enter the name and address of the person ap Mary Owens	pointed to wind up the company's
<u>;</u>	7000 Cairo Rd	
	Cocoa, FL 32927	
6. Signature of an authorize listed above to wind up the	ed person or if there are no members, the sig company's activities and affairs:	nature of the person appointed and
MacDie	no Ma	RY OWENS Printed Name

FILING FEE: \$25.00