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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KRISJOENNA SERVICES, INC.

Account Number: 120080000033

: (305)644-3055

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## LLC DISSOLUTION OR WITHDRAWAL LESOCON LLC

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MAR 2 1 2012



March 20, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LESOCON LLC 7476 NW 113TH PATH DORAL, FL 33178

SUBJECT: LESOCON LLC REF: L09000114585

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the correct form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

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SECHETARY OF STATE

VALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassec, Florida 32314

FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

12 MAR 20 AM 8: 12

The name of a limited liability company is LESOCON LLC	
2. The Articles of Organization were filed on 12 L09000114585	/02/2009 and assigned document number
3. The date the dissolution was approved: 03/19	9/2012
	limited liability company's dissolution pursuant to section ick cover letter).
5. CHECK ONE:	
	the limited liability company have been paid or discharged.  r the debts, obligations and liabilities pursuant to a. 608.4421.
<b>—</b> · ·	istributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the -OR-Adequate provision has been made for entered against it in any pending suit.	company in any court. r the satisfaction of any Judgment, order or decree which may be
gnatures of the members having the same percenta	ige of membership interests necessary to approve the dissolution
Signature	Printed Name
Evelyn I rady	EVELYN IRADY
0 - 1	
4-11-20-2	

FILING FEE: \$25.00