

NO 000028834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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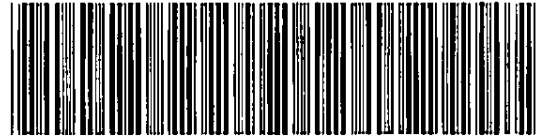
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LYLES, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitting for filing.

Please return all correspondence concerning this matter to the following:

Robert D. Wilson
Name of Person

Wilson & Williams P.A.
Firm/Company

954 E. Silver Springs Blvd
Address

Ocala FL 34470
City/State and Zip Code

For further information concerning this matter, please call:

Robert D. Wilson at (352) 629-9747
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
New Filing Section
Division of Corporation
PO Box 6327
Tallahassee FL 32314

Street Address
Registration Section
Division of Corporation
2415 N Monroe Street, Suite 810
Tallahassee FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is LYLES, LLC
2. The Articles of Organization were filed on March 16, 2010 and assigned document number L10000028834
3. The delay effective date of dissolution is not effective on the date of filing NA
(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).
Company has liquidated its assets and wound down its affairs.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs. _____

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:

(FILING FEE \$25.00)



GARY C. LYLES, Member Manager