

L10000044154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

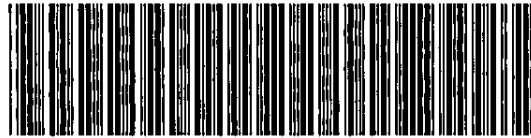
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMCO2, LLC

(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:

MARK LEVEY

(Name of Person)

LMCO2, LLC

(Firm/Company)

1810 W KENNEDY BLVD.

(Address)

TAMPA, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

KENDRA GUSTAFSON at (813) 280-8551

(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

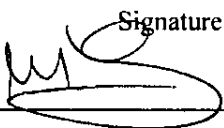
STREET/COURIER ADDRESS:

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
LMCO2, LLC
2. The Articles of Organization were filed on 04/26/2010 and assigned
document number L10000044154
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013
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).
608.441 (1.C) UNLESS OTHERWISE PROVIDED IN THE ARTICLES OF ORGANIZATION
OR OPERATING AGREEMENT, UPON THE WRITTEN CONSENT OF ALL OF THE
MEMBERS OF THE LIMITED LIABILITY COMPANY.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: N/A
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:

Signature



Printed Name

MARK LEVEY

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA