

LI 0000055706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

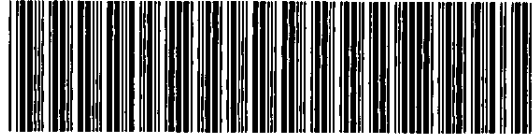
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 APR 23 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF LIMITED LIABILITY COMPANY

(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:

LUIZ C GONCALVES

(Name of Person)

L.A.M.G. IMPORT EXPORT, LLC

(Firm/Company)

3650 DRANE FIELD ROAD

(Address)

LAKELAND, FL 33811

(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY A. SANOKA

(Name of Person)

863

at ()

709-9714

(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

FILED

2015 APR 23 AM 11: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
L.A.M.G. IMPORT EXPORT, LLC

2. The Articles of Organization were filed on MAY 24, 2010 and assigned
document number L100000055706

3. The delayed effective date the dissolution if not effective on the date of filing:
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

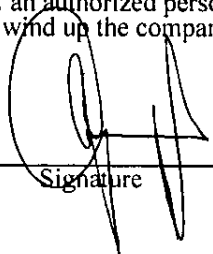
NO ACTIVITY AND NO LONGER REQUIRED

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: LUIZ C. GONCALVES

3650 DRANE FIELD ROAD

LAKELAND, FL 33811

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

LUIZ CLAUDIO GONCALVES
Printed Name

FILING FEE: \$25.00