L10 000081024

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700346067677

06/15/20--01015--003 **25.00



JUL 23 2020 S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexi Investments, LLC

DOCUMENT NUMBER: L10000081024

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara J. Prasse-Anderson, Esq. (Name of Contact Person) Prasse-Anderson Law Group (Firm/Company) 1000 North Ashley Drive, Suite 512 (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call: ____ at (813) 258-4422 (Daytime Telephone Number) Barbara Prasse-Anderson (Name of Contact Person) Enclosed is a check for the following amount: **■\$25** Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(Additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Copy (Additional copy

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Lim	nited Liability Company: Lexi Investments, LLC
Document nu	umber of Limited Liability Company is:
	olution was:
	of information that must be included in a written claim:
Name of Clair	mant or Claimant's Attorney, Account Number, Telephone Number, Address, Amount of Claim.
_	
	. 28
Mailing addr	ress where claims can be sent: (Claims cannot be sent to the Division of Corporations):
	\sim 1. The second of the seco
	ATTN: Lexi Investments, LLC c/o Prasse-Anderson Law Group
	1000 North Ashley Drive, Suite 512
	Tampa, Florida 33602
	nst the above named limited liability company will be barred unless a proceeding to enforce the claim i within 4 years after the filing of this notice.
Barbara J. Pra	isse-Anderson, Esq. (FBN 61933)
	Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00