

L110000009215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

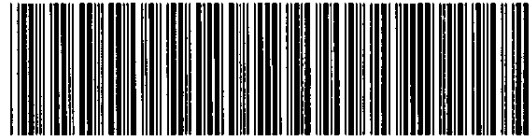
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 AUG -3 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 4 2015

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Admired by LC, 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:

Lauren Chapman

(Name of Person)

Admired by LC, LLC

(Firm/Company)

1233 Lane Ave. S. Suite 17

(Address)

Jacksonville, Florida 32205

(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren Chapman

(Name of Person)

at ( 904 ) 838-3974  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 AUG -3 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 21, 2015

LAUREN CHAPMAN  
1233 LANE AVE S  
STE 17  
JACKSONVILLE, FL 32205

SUBJECT: TLS COMPUTING LLC  
Ref. Number: L11000009215

We have received your document for TLS COMPUTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

YOU MUST LIST A DESCRIPTION OS WHAT MUST BE INCLUDED IN A CLAIM.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 415A00015180



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUL 20 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 8, 2015

LAUREN CHAPMAN  
1233 LANE AVE S  
STE 17  
JACKSONVILLE, FL 32205

SUBJECT: TLS COMPUTING LLC  
Ref. Number: L11000009215

We have received your document for TLS COMPUTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 615A00014287



1233 Lane Ave. S. Suite 17  
Jacksonville, Florida 32205

July 29, 2015

Florida Department of State  
Division of Corporations  
C/O: Tammy Hampton

Ms. Hampton,

In response to additional form, or document for dissolution of corporation, LLC for  
Admired by LC, LLC Ref: L1100009215.

If the corrections are not acceptable, please advise me on the proper procedure to file out  
the attached claim form. It was my understanding that is was in the event of a possible  
future claim(s), and as well an optional form. I believe I need to either void or cancel this  
form (if possible) or need assistance in the proper procedure.

I would like to complete this properly. And therefore I would greatly appreciate any  
assistance you may offer me! Please give me an example of what it should state. I have  
enclosed the original forms from our prior correspondence.

Thank you,

  
Lauren Chapman

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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 Limited Liability Company: Admired by LC, LLC

Document number of Limited Liability Company is: L1100009215

Date of dissolution was: 06/30/2015

Description of information that must be included in a written claim:

Any prior or future claims of lawsuit(s), other  
proceedings against Admired by LC, LLC, or  
officers of LLC, Lauren M. Chapman

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1233 Lane Ave S. Suite 17, Jacksonville, Florida 32205

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lauren Chapman

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**

**FILED**  
15 AUG -3 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA