

#L11000094144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

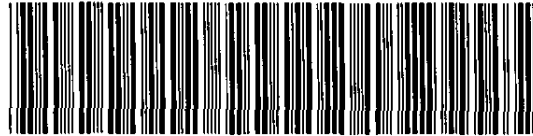
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600263704236

08/29/14--01003--013 **25.00

TO AGING OFFICE
SUFFICIENCY OF FILING

2014 AUG 29 11:11:23

2014 AUG 29 11:11:41
STATE
TALLAHASSEE, FLORIDA

2014 AUG 29 11:11:41

K. SALY
EXAMINER
AUG 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Labs and More, 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:

Labs and More, LLC
(Name of Person)
7025 County Road #64A
(Name/Company)
Suite 1071 - 252
(Address)
Lake Mary, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Russell at (407) 414 7938
(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

FILED
14 AUG 29 AM 11:41
STATE OF FLORIDA

1. The name of a limited liability company is

~~Dissolution~~ Labs and More, LLC

2. The Articles of Organization were filed on _____ and assigned

document number L 11 000094144

3. The delayed effective date the dissolution if not effective on the date of 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).

Changed business name

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

Jeff Russell
Manager

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

Jeff Russell

Printed Name

Jeff Russell

FILING FEE: \$25.00