111000114839

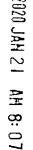
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	-
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January 15, 2020

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

I would like to voluntarily dissolve:

Lakeland Jr. Pride, LLC L11000114839

Please mail any further documents to me at the address below.

Thanks,

Ɓilly ₩atson, Managing Member

524 Stetson St

Orlando, FL 32804

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	LAKELAND JR. PRIDE, LLC				
SUBJECT	(Name of Limit	ted Liability Compar	ny)		
The enclosed	d Articles of Dissolution and fee(s) are submit	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Billy Watson				
	(Na	me of Person)			
	(Fir	m/Company)			
	524 Stetson St				
	-	(Address)			
	Orlando, FL 32804				
	(City/St	ate and Zip Code)			
For further i	nformation concerning this matter, please call	l:			
Bil	y Watson	863	797-7345		
	(Name of Person)	(Area Co	ode & 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:		Street Address			
	Registration Section Registration Section Division of Corporations Division of Corporations				
	D. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili				<u></u> -		
2.	The Articles of Organization	were filed on Octob	per 6, 2011	and assigned			
	document number £1100011	4839					
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.							
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).						
	We are no longer doing busing	ness under this name	3 .				
	We are no longer doing busing	ness under this name			: 2020 J		
	We are no longer doing busin	ess under this name	·		AN 2		
			**************************************		A L		
5.	If there are no members, enter activities and affairs:	er the name and addr Billy Watson	ess of the person appoi	nted to wind up the company	∞ ~~		
		524 Stetson St	N. A A L L L L L L.				
		Orlando, FL 32804					
6	Signature of an authorized p	erson or if there are r	no members, the signat	ure of the person appointed a	— ınd listed		
ab	povo to wind up the company	s activities and affair	rs:				
	July al	77	Billy Watson				
t t	Signature		P	rinted Name	_		

FILING FEE: \$25.00