

L11 000134182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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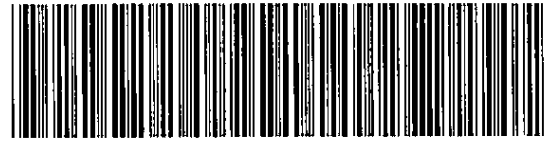
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 14 AM 9:08
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Y SULKER

AUG 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Langston Group, 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:

W Langston Hunter

(Name of Person)

The Langston Group, LLC

(Firm/Company)

P O Box 93

(Address)

Hanover, MD, 21076

(City/State and Zip Code)

For further information concerning this matter, please call:

W Langston Hunter

(Name of Person)

412 251-9234

(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**

1. The name of a limited liability company is

The Langton Group, LLC

2. The Articles of Organization were filed on 28 November 2011 and assigned

document number L11000134182

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 be 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).

Family illness (Spouse has Cancer and is being treated in the State of Maryland). W. Langston Hunter

is the Primary Care giver.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: W Langston Hunter, P O Box 93, Hanover, MD 21076

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:

W. Langston Hunter

W Langston Hunter

Printed Name

2015 AUG 14 AM 9:08
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