

L110000139425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

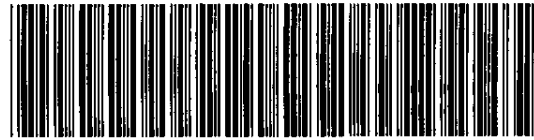
Special Instructions to Filing Officer:

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G. MCLEOD

APR 26 2012

EXAMINER



800227050838

04/10/12--01010--013 **25.00

Sign

FILED
12 APR 23 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2012

JEAN-LOUIS LACERTE
9551 HWY 78 WEST
OKEECHOBEE, FL 34974

SUBJECT: ~~NO XCUSES FITNESS CONSULTANCY L.L.C.~~
Ref. Number: L11000139145

LACERTE MANAGE-
MENT

L11000139425 L11000139425

We have received your document for ~~NO XCUSES FITNESS CONSULTANCY L.L.C.~~ and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Gina McLeod
Regulatory Specialist II

Letter Number: 112A00011679

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lacerte Management, 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:

Jean-Louis Lacerte

(Name of Person)

Lacerte Management, LLC

(Firm/Company)

9551 Hwy 78 West

(Address)

Okeechobee, FL 34974

(City/State and Zip Code)

For further information concerning this matter, please call:

Jean Louis Lacerte

(Name of Person)

at (954) 275-3149

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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
Lacerte Management, LLC

2. The Articles of Organization were filed on unknown and assigned document number
L11000139425

3. The date the dissolution was approved: 01 April 2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

The business never materialized.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Jean-Louis Lacerte

Jean-Louis Lacerte