*L12000037046

(Reque	estor's Name)	- -
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Document)	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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06/23/14--01006--007 **25.00

2014 JUN 23 PM 4: 1.

K. SALY EXAMINER JUN 24 2014

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Lauryn Business Services, LLC			
SUBJE	(Name of Limited Liability Company)			
The enc	losed Articles of Dissolution and fee(s) are submitted	d for filing.		
Please re	eturn all correspondence concerning this matter to th	e following:		
	Dawn M. Lauryn			
	(Name	of Person)		
	Lauryn Business Services, LLC			
	(Firm/	Company)		
	6829 SE 14th Lane			
	(A	ddress)		
	Gainesville, FL 32641-7817			
	(City/State	and Zip Code)		
For furth	ner information concerning this matter, please call:			
	Dawn M. Lauryn	352 219-4491		
	(Name of Person)	at () (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:	STREET/COURIED ADDRESS.		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ARTICL	ES OF DISSOLUTION
	FOR STANDARD
A LIMITED	D LIABILITY COMPANY
The name of a limited liability company is	2014 JUN 23 5.
Lauryn Business Services, LLC	Talk to a PM 4:
	THE ARASSEE STATE
The Articles of Organization were filed on	March 15, 2012 ALLARA SSEE, FLORIDA AND AMERICAN AND STATE OF CHAIR OR
document number L12000037046	
The delayed effective date the dissolution i (effective date cannot be price)	if not effective on the date of filing:
A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	n the limited liability company's dissolution pursuant to section on back cover letter).
Voluntary written consent of all of the	e members of the LLC.
If there are no members, enter the name and activities and affairs:	d address of the person appointed to wind up the company's
Signature of an authorized person or if thereted above to wind up the company's activities	re are no members, the signature of the person appointed and ies and affairs:
Jawy M. Lawy	Dawn M. Lauryn
Signature	Printed Name

FILING FEE: \$25.00

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: Lauryn Business Services, LLC	- بارا
Document number of Limited Liability Company is: L12000037046	3
Date of dissolution was: June 17, 2014	3355
Description of information that must be included in a written claim:	PHYSEE.
Reasonable description of the claim. State whether the claim is admitted or	
not admitted, in whole or in part, and, if admitted: the amount, effective date of	
indebtedness, & any interest obligation if fixed by an instrument of indebtedness. C	ору
of signed confirmation by a managing member the claim was delivered to Lauryn	··
Business Services, LLC within 120 days of the date of dissolution (June 17, 2014).	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Lauryn Business Services, LLC 6829 SE 14th Lane	
Gainesville, FL 32641	
A claim against the above named limited liability company will be barred unless a proceeding to enclaim is commenced within 4 years after the filing of this notice.	force t
Dawn M. Lauryn	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Person Filing

Printed Name of the Person Filing