

L12000062308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

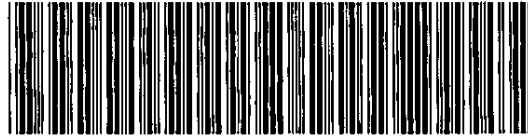
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/18/15--01028--027 **25.00

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15 JUN -5 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L & M Financial Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Lafferty

Name of Person

L & M Financial Services LLC

Firm/Company

1485 International Suite 1071

Address

Lake Mary Florida 327746

City/State and Zip Code

ahl@lm-advisory.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Lafferty

407

4055824

at ()

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

ADAM LAFFERTY
1485 INTERNATIONAL SUITE 1071
LAKE MARY, FL 32746

SUBJECT: L & M FINANCIAL SERVICES LLC
Ref. Number: L12000062308

We have received your document for L & M FINANCIAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000012596.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 315A00010664

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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15 JUN -5 PM 2: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 1, 2015

Jenna D. Harris
Florida Department of State
Division of Corporations
P.O. box 6327
Tallahassee, FL. 32314

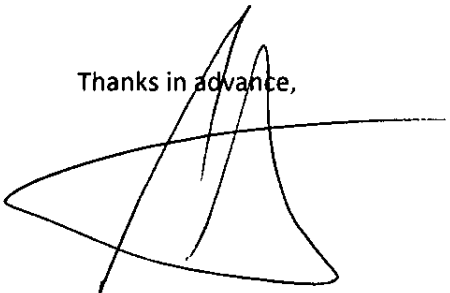
Subject: L & M Financial Services LLC
Ref. Number L12000062308
Letter Number 315A00010664

I was the owner and managing member of Lafferty & Co. LLC document number L14000012596. I voluntarily dissolved this company May 15, 2015 and have no plans of reinstating the company under its past function and approve the release of this name for another entity.

I am also the owner of L & M Financial Services, LLC. I requested to have a name change to Lafferty & Co. LLC effective June 1, 2015. I received a letter requesting the above approval. Please make the necessary name changes per enclosed amendment dated May 8, 2015.

Please contact me via phone if there is anything else needed in order for this change to take place. I have urgent business matters, especially banking that requires this change.

Thanks in advance,



Adam Lafferty

407-405-5824

1485 International Parkway Suite 1071

Lake Mary, FL. 32746

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard McIntyre	2283 Northumbria Drive	<input type="checkbox"/> Add
		Sanford, FL. 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 06-01-2015 @ 12:01 a.m. (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated 06-01-2015 12:01 a.m.

Signature of a member or authorized representative of a member

Adam Lafferty

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA