

L120000091667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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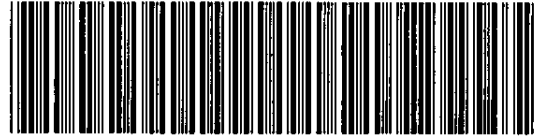
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

G. HARVEY
DEC 08
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LALCQUANO HOSPITALITY 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:

RICHARD THOMAS

(Name of Person)

LALCQUANO HOSPITALITY GROUP LLC DBA OASIS PLAZA BART 6900
(Firm/Company)

939 WEST ROBINSON ST

(Address)

LALCQUANO FL 33805

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD THOMAS

(Name of Person)

at (863) 255-8968

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

LAKELAND HOSPITALITY GROUP

2. The Articles of Organization were filed on JULY 13, 2012 and assigned

document number L12000091667

3. The delayed effective date the dissolution if not effective on the date of filing: 11-22-14
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Now Profit

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Richard Titoma

736 Avenida Quincea R-102

Caguas PR 34714

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:



Signature

Richard Titoma

Printed Name

FILING FEE: \$25.00

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STATE OF FLORIDA
CLERK OF STATE

FILED