

L120001/2091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

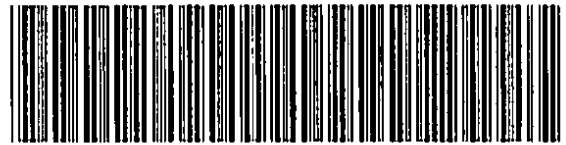
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000325986740

03/14/14 PM 1:11 -000 0025.10

FILED
19 MAR 14 PM 6:09
TALLAHASSEE, FLORIDA

MAR 26 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LC GERACI 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:

PATRICK MOYAL

(Name of Person)

MOYAL ACCOUNTING SERVICES INC

(Firm/Company)

10796 PINES BLVD SUITE 204

(Address)

PEMBROKE PINES FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK MOYAL

(Name of Person)

at **954 430-3930**

(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
LC GERACI LLC

2. The Articles of Organization were filed on 08/31/2012 and assigned
document number L12000112091

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017
(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).
BUSINESS CLOSED

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

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

LUCIEN GERACI

Printed Name

FILING FEE: \$25.00

FILED
19 MAR 14 PM 6:09
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

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: LC GERACI LLC

Document number of Limited Liability Company is: L12000112091

Date of dissolution was: 12/31/2017

Description of information that must be included in a written claim:

BUSINESS CLOSED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10796 PINES BLVD SUITE 204
PEMBROKE PINES FL 33026

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LUCIEN GERACI

Printed Name of the Person Filing

Lucien Geraci

Signature of the Person Filing