# العساالمن

(Requestor's Name)					
(Address)	—				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
_ <b>_</b> _					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Essential Essential Control E					
(Document Number)					
Certified Copies Certificates of Status					
	$\neg$				
Special Instructions to Filing Officer:					





100268120231

01/15/15--01006--006 \*\*25.00

TE JAN 15 PH 3-16

JAN 2 7 2015 S. YOUNG

# COVER LETTER

Division of Corporations

SUBJECT: LAN - EARL 3
(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:

(Name of Person)

(Firm/Company)

4711 Yence Ro
(Address)

SANDUSKY OLio 44870

(City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

TO:

Registration Section

\$25.00 Filing Fee and Certificate of Dissolution

(Name of Person)

\$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 liabil	ity company is	_			
LAN	- EARL	3			
2. The Articles of Organization	n were filed on			and assi	gned
document number	1200011	720.	7		
3. The delayed effective date t (effective	he dissolution if not of date cannot be prior to or	effective on more than 90	the date of fil days later than d	ling: ate document is	received for filing)
4. A description of occurrence 605.0707, Florida Statutes, (	that resulted in the licopy 605.0707 on ba	mited liabil ck cover let	ity company's ter).	s dissolution	pursuant to section
Former	LLC à	D10	NOT	Porc	445 Z
Property					
5. If there are no members, ent	ter the name and addr	ess of the p	erson appoint	ed to wind up	the company's
activities and affairs:	LANCE	ST	HMAI	<i></i> ∑	
	· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·		
		<del></del>			
6. Signature of an authorized plisted above to wind up the con	person or if there are inpany's activities and	no members l affairs:	s, the signature	e of the perso	n appointed and
					7.6 SEQ:
X		1	MUCE	STOLLM	
Signature				ited Name	THE OF F
	FILIN	G FEE: \$25	5.00		
					%

# 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: Law - Eave 3	
Document number of Limited Liability Company is: L-12000117207	
Date of dissolution was: 1-5-15	
Description of information that must be included in a written claim:	
Former LLC DIP NOT	
Buy Property	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
LANCE STEHMAN	三三
4711 Yewice Rp	
SANDUSKY DWO 44870	
Se e	

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.

Printed Name of the Person Filing

Signature of the Person Filing

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