

L12000150586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

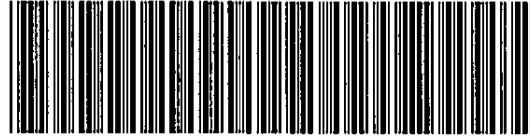
(Document Number)

Certified Copies _____

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03/09/15--01038--005 **25.00

FILED
15 MAR -9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2015

original
2/13/15

resubmit - with check
3/5/15

COVER LETTER

• TO: Registration Section
Division of Corporations

SUBJECT: LotusWood, 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:

Kathleen Gibson-Dee

(Name of Person)

LotusWood, LLC

(Firm/Company)

73 Sunset Lane, P O Box 244

(Address)

Terra Ceia, FL 34250-0244

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Gibson-Dee

(Name of Person)

941

928-0758

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:

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

FILED
15 MAR -9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Lotus Wood, LLC

2. The Articles of Organization were filed on 12/03/2012 and assigned

document number L12000150586

3. The delayed effective date the dissolution if not effective on the date of filing:
(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).

Unable to make a profit in a reasonable amount of time.

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

Kathleen Gibson-Dee
Signature

Kathleen Gibson-Dee

Printed Name

FILING FEE: \$25.00