

L13 0000 21762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2014
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexi Express, 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:

Maria Velardocchia
(Name of Person)
Lexi Express, LLC
(Firm/Company)
1403 Tiara Lane
(Address)
Tarpon Springs, FL 34689
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Velardocchia at 727, 430-0900
(Name of Person) (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

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TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is

Lexi Express, LLC

2. The Articles of Organization were filed on Feb. 11, 2013 and assigned

document number L13000021762

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).

Family medical needs require my full time
attention and I no longer have the time
to commit to a business.

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

Maria Velardocchia

1403 Tiara Lane

Tarpon Springs, FL

34689

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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:

Maria A. Velardocchia
Signature

Maria A. Velardocchia
Printed Name

FILING FEE: \$25.00