

L13000026489

(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:

P. S.

Office Use Only



600258976576

04/23/14--01005--016 **25.00

FILED
14 APR 23 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 29 1:30 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKRYMA, 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:

Joven Luis Villaman
(Name of Person)

LAKRYMA, LLC
(Firm/Company)

750 Logan Dr.
(Address)

Longwood FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

Joven Luis Villaman at (561) 667-2896
(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

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

1. The name of a limited liability company is

LAKRYMA, LLC

2. The Articles of Organization were filed on Feb 21, 2014 and assigned

document number L13000026489

3. The delayed effective date the dissolution if not effective on the date of filing: Mar April 21, 2014
(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 complete business plan and find funds needed to
establish Business.

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

750 Logan Dr.

Longwood FL 32750

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

Joven Luis Villaman
Printed Name

FILING FEE: \$25.00

FILED
14 APR 23 PM 1:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: LAKRYMA LLC

Document number of Limited Liability Company is: L13000026489

Date of dissolution was: 4/21/14

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

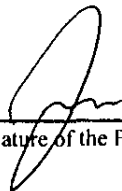
FILED
14 APR 23 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

750 Logan Dr.
Longwood FL 32750

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.

Joven Luis Villaman
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