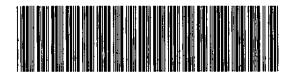
## L170000 50147

(	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:		





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03/11/16--01021--013 \*\*25.00



MAR 1 4 2016 J SHIVERS

## COVER LETTER

Division of Corporations	
SUBJECT: Ut son Road La	aundon, LLC
SUBJECT: <u>Lesson Road La</u> (Name of Limit	ted Liability Company)
The enclosed Articles of Dissolution and fee(s) are submit Please return all correspondence concerning this matter to	-
ricase return an correspondence concerning uns mader to	the following.
Lyan Cortner	me of Person)
8 (Nai	me of Person)
/Ei-	πι/Company)
PO 50x 3111	(Address)
PO 50x 3111  Tampa, FL 33601  (City/Sta	
(City/Sta	ate and Zip Code)
For further information concerning this matter, please call	:
Ryan Cortner (Name of Person)	at ( <u>8/3</u> ) <u>600</u> <u>9630</u> (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:	STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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
Liesson Road Laundry, LCC
2. The Articles of Organization were filed on 04/05/2013 and assigned
document number <u>L/3 0 000 5 0/47</u>
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)  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).
The consent of all the members per 605.0701(2)
•
5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs:
\$\frac{1}{2}
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:
Myan Cottuer Kyan Cortner Signature Printed Name

**FILING FEE: \$25.00**