

43000127601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

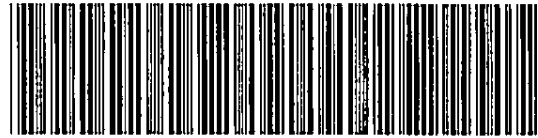
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/08/18--01:11--FL 4:43

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 23 PM 4:43

K. SALY
JAN 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lisa Marshall, 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:

Lisa Marshall

(Name of Person)

Lisa Marshall, LLC

(Firm/Company)

325 SW 185 Avenue

(Address)

Pembroke Pines, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Marshall

(Name of Person)

at (305) 219-2481

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 23 PM 4:43

1. The name of a limited liability company is

Lisa Marshall, LLC

2. The Articles of Organization were filed on 09/10/2013 and assigned

document number L13000127601

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017
(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).

An Incorporation was opened instead.

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

Lisa Marshall

325 SW 185 Avenue

Pembroke Pines, FL 33029

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

Lisa Marshall

Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2018

LISA MARSHALL
LISA MARSHALL, LLC
325 SW 185 AVE.
PEMBROKE PINES, FL 33029

SUBJECT: LISA MARSHALL, LLC
Ref. Number: L13000127601

We have received your document for LISA MARSHALL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00000553

RECEIVED
JAN 23 2018

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

www.sunbiz.org

Division of Corporations, P.O. BOX 6327, Tallahassee, Florida 32314