

L1400002537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

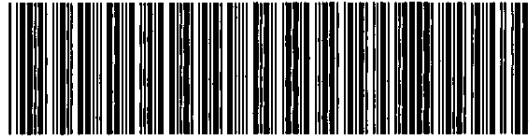
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100268547281

01/26/15--01022--012 **25.00

FILED

2015 JAN 26 P 12:15

01/26/15

B. BOSTICK

FEB - 4 2015

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Laxidy 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:

Eric Percival
(Name of Person)

Laxidy LLC
(Firm/Company)

17606 SW 139th Ct
(Address)

Miami, Florida
(City/State and Zip Code)

For further information concerning this matter, please call:

Eric Percival
(Name of Person)

at (786) 514-8617
(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

FILED

2015 JAN 26 P 12:10

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

1. The name of a limited liability company is

Luxidy LLC

2. The Articles of Organization were filed on January 06, 2014 and assigned

document number L14000002537

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)

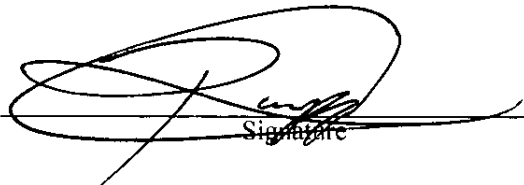
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

I was offer a job as an account manager.
Furthermore, I was too busy with college.

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

Eric Percival
17606 SW 139th Ct
Miami, Florida
33177

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

Eric Percival
Printed Name

FILING FEE: \$25.00

FILED

2015 JAN 26 PM 12:11

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

2015 JAN 26	FILED
12	
15	

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

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.

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