

44000035658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

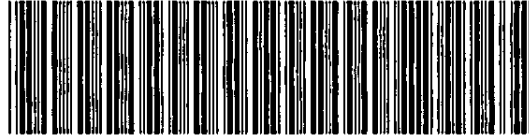
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/11/16--01042--007 **158.75

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16 JAN 11 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 12 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFTS 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:

Meghan Rodriguez
(Name of Person)

(Firm/Company)

721 W Kentucky Ave.
(Address)

Tampa, FL 33603
(City/State and Zip Code)

For further information concerning this matter, please call:

Meghan Rodriguez at (813) 464-1297
(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

RECEIVED
16 JAN -4 PM 3:19

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16 JAN 11 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

LIFTS

2. The Articles of Organization were filed on 12/28/15 and assigned

document number 815 A00022938

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).

Decided that LIFTS will become a
spiritual/religious business that
will be non-profit.

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

Meggan Rodriguez
721 W Kentucky Ave
Tampa, FL 33603

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:

Meggan Rodriguez
Signature

Meggan Rodriguez
Printed Name

FILING FEE: \$25.00

FILED
JAN 11 PM 3:18
TAMPA 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: LIFTS

Document number of Limited Liability Company is: L14000035658

Date of dissolution was: 12/28/15

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

LIFTS has no intention of reversing
the dissolution, and releases the
name for use to a non-profit
corporation.

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

721 W. Kentucky Avenue
Tampa, FL 33603

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.

Meygan Rodriguez
Printed Name of the Person Filing

Meygan Rodriguez
Signature of the Person Filing