<u>L140000 609, 491</u>

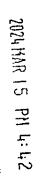
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT:	LEARNING FO	R UFE PRESS ed Liability Company)
	(Name of Limite	ed Liability Company)
The enclosed Articles of I	Dissolution and fee(s) are submitt	ted for filing.
Please return all correspon	ndence concerning this matter to	the following:
	Dares	se of Person)
	(Nan	ne of Person)
	San	n C.
	(Fin	n/Company)
	162_1	norwing of Al. RD.
	((Address)
	Ver	(Address) (Address)
	(City/Str	ate and Zip Code)
For further information of	oncerning this matter, please call	
DALE	S/mgspa/5	at (352) 5/4 38/0 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee and Certificate of Dissolution		S55.00 Filing Fee, Certificate of Dissolution &
Sen 45		Certified Copy (additional copy is enclosed)
Mailing Addre	ss :	Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314		2713 11. Miditor Sirver, Same 516

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The state of the s

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1. The name of a limited liability company is LEARAING FOR LIFE PLOSS
2. The Articles of Organization were filed on 4-10-2014 and assigned
document number L 1 4 000060 4 9 1
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 feccived 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).
PRINCIPIE NO LONGER ACTIVE
2
2024 HAR
AAR
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: DALE SIMPSON F.
352 514 5810
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 DALE S. (MPSEN) Printed Name
dalesin egmailicem FILING FEE: \$25.00 Isent NUL CASKAL
Ten me, Eyon Need more T
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