

L14 0000 609 491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

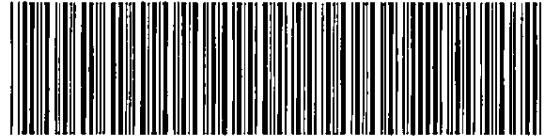
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEARNING FOR LIFE PRESS
(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:

DALE SIMPSON
(Name of Person)

same
(Firm/Company)

162 MORNINGSTAR RD.
(Address)

VENICE, FL 34285
(City/State and Zip Code)

For further information concerning this matter, please call:

DALE SIMPSON
(Name of Person)

at (352) 514 5810
(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)

SENT

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

