

L14000061160

(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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Wrong form

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03/01/16--01013--019 \*\*43.75

04/04/16--01004--005 \*\*11.25

FILED

2016 MAR 31 P 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 01 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2016

LMR CONSULTING SERVICES, LLC  
ATTN: LAWRENCE R. ROCHA  
5300 S. ATLANTIC AVENUE, UNIT 18-605  
NEW SYMYRNA BEACH, FL 32169

SUBJECT: LMR CONSULTING SERVICES, LLC  
Ref. Number: L14000061160

We have received your document for LMR CONSULTING SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 516A00004580

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF LMR CONSULTING SERVICES, 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:

LAWRENCE R. ROCHA  
(Name of Person)

LMR CONSULTING SERVICES, LLC  
(Firm/Company)

5300 S ATLANTIC AVE, UNIT 18-605  
(Address)

NEW SMYRNA BEACH, FL 32169  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRITTANY R. MORTON, CPA at ( 714 ) 437-1288  
(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)

☒ \$11.25 check amount included in addition to  
previously submitted \$43.75

**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

1. The name of a limited liability company is

LMA CONSULTING SERVICES, LLC

2. The Articles of Organization were filed on 1/14/2013 and assigned

document number L14000061160

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.

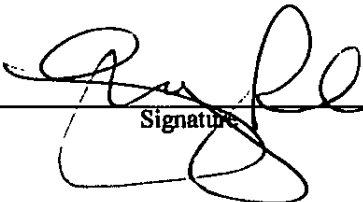
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The above entity wishes to dissolve as of 12/31/2015. There will be no further

business activity beyond 12/31/2015.

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

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

LAWRENCE R. ROCHA

Printed Name

FILING FEE: \$25.00

2016 MAR 31 10 44 42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED