L14000113639

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



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DIVISION OF COUNTRACTION

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M. MILLIGAN JUL 25 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John L Bell II
LB Signs (Firm/Company)
2617 Hay 775 (Address)
Lynn Haven FL 32444 (City/State and Zip Code)
For further information concerning this matter, please call:
Lary Bell at (SO) 258-8643 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sigma \sigma \sigma \sigma \text{Certificate of Dissolution}\$ \$\sigma \sigma \sigma \text{Certificate of Dissolution}\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. 1.

SECHETARY OF STATE OIVISION OF CORPORATIONS

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۱.	The name of a limited liability company is LB Signs 110
2.	The Articles of Organization were filed on $6-30-2014$ and assigned
	document number <u>L14 000113639</u>
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 recoved 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).
	TO CHANGE LITETIONS, FOR INC.
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 isted above to wind up the rampany's activities and affairs:
	AM SAI

FILING FEE: \$25.00