4000 116720

(Re	questor's Name)	·		
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is LRG Benefits			
2.	The Articles of Organization were filed on July 24, 2014 and assigned			
	document number <u>L1400116720</u>			
3.	The delayed effective date the dissolution if not effective on the date of filing: 4-1-2023 (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.	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 purpose of the LLC has been completed and the business is no longer = 8			
	viable e conomically.			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: LOUIS Partazana Signature No. 1000 1000 1000 1000 1000 1000 1000 10			
	5644 Main St.			
	New Port Richey, FL 34452			
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:			
	Louis Partazana			
	Signature Printed Name			

FILING FEE: \$25.00

COVER LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: LRG Benefit	-S			
(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:				
Louis Partazara (Name of Person)				
LRG BenefitS				
(Firm/Company)				
New Port Richey, FL 34(e52				
(Address)				
New Port Richar FL 34652				
(City/State and Zip Code)				
(city/rade and rap cital)				
For further information concerning this matter, please call:				
Louis Partazana	at (727) 848-4963 (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	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			