

#L14000122386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

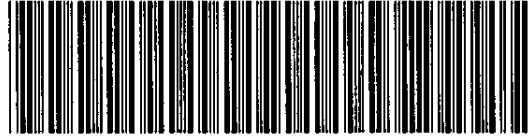
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/05/15--01016--007 \*\*25.00

FILED  
2015 FEB -5 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
FEB 16 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LORRAINE HOLM, 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:

Lorraine Holm

(Name of Person)

Lorraine Holm, LLC

(Firm/Company)

2851 Hardee Drive

(Address)

Sarasota, FL 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

Lorraine Holm

(Name of Person)

at ( 215 ) 805-0558 cell

(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:

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Lorraine Holm, LLC

2. The Articles of Organization were filed on Aug. 4, 2014 and assigned

document number L14 000 122 386

3. The delayed effective date the dissolution if not effective on the date of filing: Feb. 9, 2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Consent of member, owner, manager  
(all one person, Lorraine Holm)

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

Lorraine Holm  
2851 Hardee Dr.  
Sarasota, FL 34231

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:

Lorraine Holm  
Signature

Lorraine Holm  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Lorraine Holm, LLC

Document number of Limited Liability Company is: L 14000122386

Date of dissolution was: Feb. 9, 2015

Description of information that must be included in a written claim:

- Date of professional services rendered.
- Proof of contract.
- Name, address, phone numbers of all parties.
- Deposition of claimant and claim details.

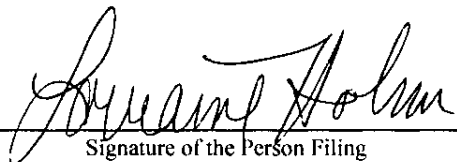
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Lorraine Holm  
2851 Hardee Dr.  
Sarasota, FL 34231

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lorraine Holm

Printed Name of the Person Filing



Signature of the Person Filing

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