

L14000134788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

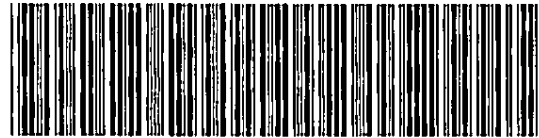
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900308953139

02/12/18--01031--024 **52.50

FILED
18 MAR - 11 AM 9:49
S&T ADMS STG, FLORIDA

MAR 02 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2018

LILLIAN M LAMBERT
6182 OCEAN PINES LANE
SPRINGHILL, FL 34606

SUBJECT: LIFE OPTIONS, LLC
Ref. Number: L14000134788

We have received your document for LIFE OPTIONS, LLC and your check(s) totaling \$52.50. 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, but your entity is a llc. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 718A00003289

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFE OPTIONS 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:

LILLIAN LAMBERT
(Name of Person)

LIFE OPTIONS LLC
(Firm/Company)

6182 OCEAN PINES LANE
(Address)

SPRING HILL FL 34606
(City/State and Zip Code)

For further information concerning this matter, please call:

LILLIAN LAMBERT at (352) 238-2915
(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)

*See cover letter from
Yasemin Sulkan*

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 _____

LIFE OPTIONS LLC

2. The Articles of Organization were filed on 9-25-2014 and assigned

document number L14000134788

3. The delayed effective date the dissolution if not effective on the date of filing: 1/05/18 *me*
(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).

OWNER FOUND A JOB & A SALARY
SO LIFE OPTIONS LLC IS NO LONGER
A NEEDED ENTITY

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

6182 Ocean Pines Lane

Spring Hill FL

34606

18 MAR - 11 AM 19:49
FILED
CLERK
STATE OF FLORIDA

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:

Lm Lambert

Signature

L.M. LAMBERT

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: LIFE OPTIONS LLC

Document number of Limited Liability Company is: L14000134788

Date of dissolution was: 01/01/18 em

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

COMPANY NO LONGER IS OWNED
OR EMPLOYEES

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

LILLIAN LAMBERT
6182 OCEAN PINES LN
SPRING HILL FL 34606

18 MAR - 11 AM 9:49
FILED
TALLAHASSEE, FLORIDA

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.

LILLIAN LAMBERT
Printed Name of the Person Filing

Lillian Lambert
Signature of the Person Filing