

L14 000159387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

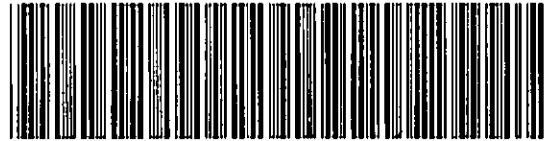
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

C. BRUMBLEY

SEP 23 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LARCON TECHNICAL 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:

LARRY W. JOHNS  
(Name of Person)

LARCON TECHNICAL SERVICE, LLC  
(Firm/Company)

8215 STARUNG RD.  
(Address)

YOUNGSTOWN, FL 32466  
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY W. JOHNS at (850) 628-7678  
(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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

LARCON TECHNICAL SERVICES, LLC.

2. The Articles of Organization were filed on OCTOBER 13, 2014 and assigned

document number L14000159387

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).

SECTION 605.0701(2)

CLOSING BUSINESS

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

LARRY W. JOHNS (AMBR)  
Printed Name

FILING FEE: \$25.00

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SECTION OF STATE  
TALLAHASSEE, FL

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