

L141000159399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

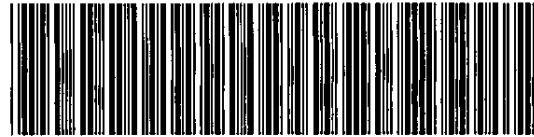
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*David stated to remove pg. 2
of dissolution on 5/19/17 1:19pm*

Office Use Only



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05/01/17--01015--018 **35.00

FILED
17 MAY 19 PM 1:47

O SIMMONS
MAY 22 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2017

DAVID LANIER
8300 STEEPLECHASE DR
PALM BEACH GARDENS, FL 33418

SUBJECT: IPIL ENTERPRISES, LLC
Ref. Number: L14000159399

We have received your document for IPIL ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list description of information that must be included in a written claim.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 617A00009725



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2017

DAVID LANIER
8300 STEEPLECHASE DR
PALM BEACH GARDENS, FL 33418

SUBJECT: IPIL ENTERPRISES, LLC
Ref. Number: L14000159399

We have received your document for IPIL ENTERPRISES, LLC and your check(s) totaling \$35.00. 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 LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 217A00008665

2017 MAY 15 PM 12:22

SECRETARY
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IPIL ENTERPRISES, 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:

INMAN LANIER

(Name of Person)

(Firm/Company)

8300 STEEPLECHASE DRIVE

(Address)

PALM BEACH GARDENS, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

INMAN LANIER

(Name of Person)

at (561) 694-6924

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

SEE LETTER - PRE-PAID IN EXCESS

☐ \$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**

1. The name of a limited liability company is

IFIL ENTERPRISES, LLC

2. The Articles of Organization were filed on OCT. 10, 2014 and assigned

document number L14000159399

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).

ALL THE MEMBERS VOLUNTARILY & UNANIMOUSLY PROVIDE
WRITTEN CONSENT TO DISSOLVE THE PARTNERSHIP.

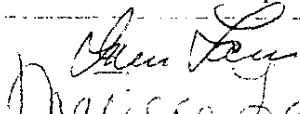
WE HAVE SIGNED BELOW. THE PARTNERSHIP AND

LOREL SERVES OUR INTERESTS.

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

MAY 19 PM 1:47

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

DAVID INMAN LANIER

MATILDE LANIER

Printed Name

FILING FEE: \$25.00