# LI4000168054

| (Re                                     | equestor's Name) |             |  |  |
|---|------------------|-------------|--|--|
| (Ac                                     | ldress)          |             |  |  |
| (Ac                                     | ldress)          |             |  |  |
| (City/State/Zip/Phone #)                |                  |             |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                  |             |  |  |
|   |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificates   | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |

Office Use Only



400277936094

2015 OCT 12 A 8: 47
SECRETARY OF STATE
FALL AHASSEE, FLORIO

DEPARTMENT OF STATE

OCT 13 2015

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

| Pnone: 850-558 | 3-1500  |                |                          |     |
|----------------|---|----------------|--------------------------|-----|
|                | ACCOUNT NO.                                     | : I20000001    | 95                       |     |
|                | REFERENCE                                       | : 828529       | 5011226                  |     |
|                | AUTHORIZATION                                   | $10 \times 10$ |                          |     |
|                | COST LIMIT                                      | : Spellelle    | e man                    |     |
| ORDER DATE :   | October 12, 2015                                |                |                          |     |
| ORDER TIME :   | 3:04 PM   |                | SEC<br>TALL              | }   |
| ORDER NO. :    | 828529-005                                      |                | LAHA<br>LAHA             | 71  |
| CUSTOMER NO:   | 5011226   |                | NSS NA                   | re- |
|                | DOMESTIC F                                      | ILINGS         | C OF STALE<br>EE.FLORIDA |     |
| NAME:          | LUMINIST, LLC                                   |                |                          |     |
| XX ARTICLES    | G OF DISSOLUTION                                |                |                          |     |
| PLEASE RETURN  | THE FOLLOWING AS                                | PROOF OF FILE  | NG:                      |     |
|                | FIED COPY<br>STAMPED COPY<br>FICATE OF GOOD STA | ANDING         |                          |     |
| CONTACT PERSON | N: Melissa Zende:                               | r - EXT# 62956 |                          |     |

EXAMINER'S INITIALS:

# ARTICLES OF DISSOLUTION <u>FOR</u> LUMINIST, LLC

Pursuant to Section 605,0707, Florida Statutes, this Florida limited liability company submits the following articles of dissolution:

# ARTICLE I

The name of the limited liability company is Luminist, LLC (the "Company"). The Company's Articles of Organization were filed on October 28, 2014 and assigned document number L14000168054.

# ARTICLE II

The dissolution is effective as of October 12 . 2015.

The occurrence that resulted in the Company's dissolution pursuant to Section (2007).

Florida Standes, was the unanimous decision to dissolve the Company by the members of the Company, which was approved by the unanimous written consent of the members and the company of the Company. 

[Remainder of page intentionally left blank; signature page follow]

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution this 12th day of October \_\_\_\_\_\_\_. 2015

LUMINIST, LLC

Crama Crilliania CEC

2015 OCT 12 A 8: 42 SECRETARY OF STATE

# NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

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 Section 605.0712. Florida Stennes.

## NAME OF LIMITED LIABILITY COMPANY:

Luminist, LLC

DATE OF DISSOLUTION

October 12 . 2015

# INFORMATION THAT MUST BE INCLUDED IN CLAIM

- 1. Name of Claimant
- Address of Claimant
- Amount of Claim(s)
- 4. Description of facts giving rise to Claim
- 5. Claimant contact person and contact information

# MAILING ADDRESS WHERE CLAIMS CAN BE SENT

Luminist, LLC

5438 N.W. 120th Avenue

Coral Springs, Florida 33076

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

Luminist, LLC

Storm Stillman, CEO

2015 OCT 12 A 8: 42
SECRETARY OF STATE