

L14000178073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

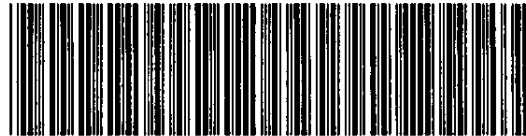
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 19 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 16 AM 7:26



FUQUA & MILTON, P.A.

ATTORNEYS AT LAW

H. MATTHEW FUQUA, ESQ.
mfuqua@fmc.legal

4450 Lafayette Street
P.O. Box 1508

By Appointment Only
946 Main Street

A. CLAY MILTON, ESQ.
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Marianna, FL 32447
Telephone: 850-526-2263
Fax: 850-526-5947

Chipley, FL 32428
Telephone: 850-638-9722

FRANK E. BONDURANT, ESQ. (Of Counsel)

March 13, 2018

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

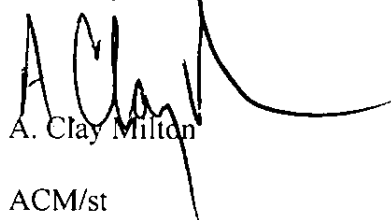
Re: LMS Innovations, LLC

Dear Sir:

Enclosed please find a cover letter and Articles of Dissolution for LMS Innovations, LLC. Also enclosed is a check in the amount of \$25.00 for the filing fee for the Articles of Dissolution.

Thank you for your attention to this matter. If you have any questions or comments, please do not hesitate to contact my office at your convenience.

Sincerely,


A. Clay Milton

ACM/st

Enc:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMS Innovations, 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:

A. Clay Milton

(Name of Person)

Fuqua & Milton, PA

(Firm/Company)

P.O. Box 1508

(Address)

Marianna, FL 32447

(City/State and Zip Code)

For further information concerning this matter, please call:

A. Clay Milton

(Name of Person)

at (850) 526-2263

(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**

1. The name of a limited liability company is

LMS Innovations, LLC

2. The Articles of Organization were filed on November 17, 2014 and assigned

document number L14000178073

3. The delayed effective date the dissolution if not effective on the date of filing: March 1, 2018
(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 members have consented to the dissolution of the Company

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

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:

Kenneth J. Linton
Signature

Kenneth J. Linton

Printed Name

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 16 AM 7:26

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: LMS Innovations, LLC

Document number of Limited Liability Company is: L14000178073

Date of dissolution was: March 1, 2018

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

The full legal name and mailing address of the creditor along with the name of the contact person and their telephone number. Additionally, please provide the account number, the balance due and a copy of the most recent statement of charges or a brief statement of the basis for the claim.

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

LMS Innovations, LLC
c/o Gregory A. Self
2025 Northwest 24th Street
Gainesville, FL 32669

FILED
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DIVISION OF CORPORATIONS
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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.

Kenneth J. Linton

Printed Name of the Person Filing

Kenneth J. Linton

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00