L15000066930

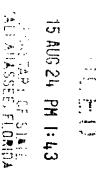
(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

Division of Corporations				
SUBJECT: LCTAG, 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:				
PATRICIA DOUGHERRY				
(Name of Person)				
(Firm/Company)				
712 S. 14TH STREET				
112 S. 14TH STREET LEESBURG FL 34748				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
PATRICIA DOUGHERAY at 352, 988-3508				
(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:

TO:

Registration Section

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 LUTAG LLC.
2.	The Articles of Organization were filed on $4-16-15$ and assigned
	document number <u>L150000 66930</u>
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).
	NO LONGER DOING BUSINESS
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
1115	Signature Signature Patholica Duchtery 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: LA 46 LLC	
Document number of Limited Liability Company is: 4150000 46	930
Date of dissolution was: $8-14-15$	/
Date of dissolution was: U II II	
Description of information that must be included in a written claim:	
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	1 -
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Company) PATRICIA DOUGHERY 717 S. ATH STOFFT	Corporations)
LEES BURG FZ 34748	

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