

L15000188710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

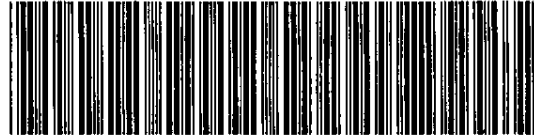
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR -8 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leather Lung Originals 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:

JEFF ALTER
(Name of Person)

N/A
(Firm/Company)

1401 S.W. Palm City Road
(Address)

STUART, FL 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF ALTER at 772 260-7540
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2018

JEFF ALTER
1401 SW PALM CITY RD
STUART, FL 24994

SUBJECT: LEATHER LUNG ORIGINALS, LLC
Ref. Number: L15000188710

We have received your document for LEATHER LUNG ORIGINALS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must first file an Articles of Dissolution before a Statement of Termination can be processed. each filing is \$25 each.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 318A00003466

MAR 05 2018

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: LEATHER LUNG ORIGINALS

SECOND: The Florida Document number of the limited liability company is: L15000188710

THIRD: The date of filing of the initial articles of organization is: NOVEMBER 6, 2015

FOURTH: The date of filing of the dissolution is: FEBRUARY 10, 2018

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

JEFF ALTER

Typed or printed name of signature

FILED
18 MAR -8 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)