

L15000198716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

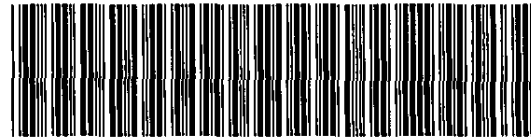
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/16--01021--006 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 PM 2:01

FILED

K. SALLY
EXAMINER
SEP -8



Bottone & Reiling
Attorneys at Law

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August 30, 2016

Florida Department of State
Registration Section
Division of Corporations
P. O Box 6327
Tallahassee, FL 32314

RE: Lumerlend Company, LLC

To Whom It May Concern:

Please find enclosed herewith the following:

1. Cover Letter;
2. Articles of Dissolution;
3. Notice of Limited Liability Company Dissolution;
4. \$25.00 filing fee; and
5. Self Addressed return envelope.

If you have any questions and/or concerns regarding the same please do not hesitate to contact this office. Thank you.

Very Truly Yours,

ANGELA M. HERNANDEZ
Legal Assistant

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lumberlend Company, 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:

Richard B. Reiling

(Name of Person)

Bottone|Reiling

(Firm/Company)

63 Atlantic Ave., 3rd Floor

(Address)

Boston, MA 02110

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard B. Reiling

(Name of Person)

at (617) 412-4291

(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**

FILED
2016 SEP -6 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
LUMBERLEND COMPANY, LLC.

2. The Articles of Organization were filed on November 6, 2015 and assigned
document number L15000188716

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).
Consent of all members in accordance with 605.0701(2), Florida Statutes.

No longer doing business in the state of
Florida.

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

36 South Street

Concord, MA 01742

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:

a. g. w. jr.
Signature

Adam Wnukowski Jr.

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: Lumberlend Company, LLC

Document number of Limited Liability Company is: L15000188716

Date of dissolution was: 08/15/2016

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

Any and all information concerning the claim, including but not limited to,
the amount allegedly owed and the date incurred. Likewise include a
copy of the contract, statement, instrument or other document
evidencing the amount or amounts allegedly due to claimant.

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

Adam Wnukowski Jr.

36 South Street

Concord, MA 01742

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.

Adam Wnukowski Jr.
Printed Name of the Person Filing

a.g. Wnukowski
Signature of the Person Filing