

L15000 200552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

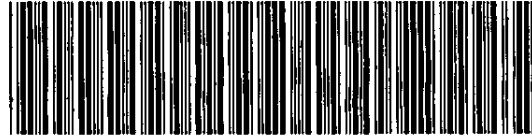
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/11/16--01019--029 \*\*25.00

FILED  
16 MAY 27 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5122



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2016

thomas schmidt  
5064-4 heatherhill lane  
boca raton, FL 33486

SUBJECT: 2 LAB PARTNERS LLC  
Ref. Number: L15000200552

We have received your document for 2 LAB PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 616A00007457

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2 LAB PARTNERS 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:

THOMAS SCHMIDT

(Name of Person)

(Firm/Company)

5064-4 HEATHERHILL LANE

(Address)

BOCA RATON, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD POLLOCK

(Name of Person)

at 954 726-2537

(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

2 LAB PARTNERS LLC

2. The Articles of Organization were filed on 12-01-2015 and assigned

document number L15000200552

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).

Business partnership dissolved

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

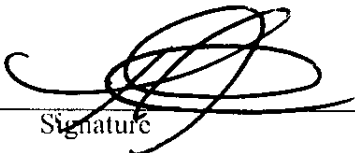
Thomas Schmidt

5064 Heatherhill Lane 4

Boca Raton, FL 33486

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:

X



Signature

THOMAS SCHMIDT

Printed Name

FILING FEE: \$25.00

10 MAY 27 AM 7:52  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA