

L15000 201290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000339555500

01/23/20--01012--017 \*\*25.00

14735 555500  
JAN 23 2020  
20 JAN 23 PM 2:28

FEB 19 2020  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LM Plasma Consulting, 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:

Laura McDonald  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8 Harbour Isle Dr. E. #202  
(Address)

Ft. Pierce, FL 34949  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura McDonald at (401) 439-5894  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JAN 23 PM 2:28  
TALLAHASSEE, FL 32303  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

LM PLASMA Consulting, LLC

2. The Articles of Organization were filed on 11/30/15 and assigned

document number L15000201290

20 JAN 23 PM 2:28  
RECEIVED  
CLERK OF THE COURT  
JAN 23 2016

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)

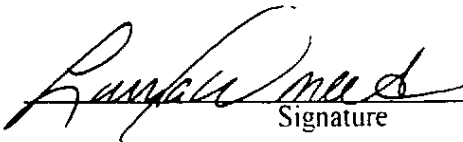
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 consulting - retired

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

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:

  
Signature

Laura McDonald, AMBR  
Printed Name

**FILING FEE: \$25.00**