L 15000208074

(Re	questor's Name)				
(Ad	dress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	· _ _				

Office Use Only



800307326578

01/08/18--01030--014 **25.00

01/08/18--01030--014 **25.00

JAN 09 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations

LES Forensics 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:

Lawrence E Stringham				
(Name of Person)				
(Firm/Company)				
3800 SE 3rd Ave				
(Address)				
Cape Coral/Fl 33914				

(City/State and Zip Code)

Lawrence Stringham

For further information concerning this matter, please call:

_239

849-8644

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability compan	ny is	
	LES Forensics LLC		
2.	The Articles of Organization were filed	d on 11/04/16 a	nd assigned
	document number L15000208074	<u> </u>	-
3.	The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block dollisted as the document's effective date on the state of the state of the delayed effective date on the state of t	ion if not effective on the date of filing:	2/27/17 ument is received for filing) tirements, this date will not be
	605.0707, Florida Statutes, (copy 605.0	ed in the limited liability company's dissonted to the limited liability company's dissonted in the limited liability company's dissonted liability liability company's dissonted liability liabilit	olution pursuant to section
,	Lack of work		
,			₹.
			JAN
5.	If there are no members, enter the name activities and affairs:	e and address of the person appointed to v	vind up the company's
	activities and arraits.		SIAI SIAI SRIDA
			
5. list	Signature of an authorized person or if ted above to wind up the company's act	there are no members, the signature of th ivities and affairs:	e person appointed and
_	Signature	Lawrence E Stringham Printed No.	
	2-PU (61141141)	FIBREU IN	31114

FILING FEE: \$25.00