L16000041562

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

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COVER LETTER³

TO: Registration Section Division of Corporations
SUBJECT: LG Denshine Referral Office 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:
Harange Lanten (Name of Person)
LG Surshine Referral Office Lic (Firm/Company)
9643 TUDI VILLA Dr. (Address)
ORLANDO TI 32829 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Morangel Lanten at (321) 917 75 55 (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 &

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

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is LG Sunshine Referral Office LLC.
2.	The Articles of Organization were filed on 02/29/2016 and assigned
	document number <u>L16000041562</u>
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). Het Sonal Matters.
	A. 201
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	<u> </u>
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Herangel Lanten Printed Name

FILING FEE: \$25.00