

L160000060374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

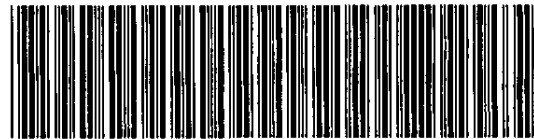
(Business Entity Name)

(Document Number)

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

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FILED  
17 FEB 10 PM 4:09  
CLERK OF COURT

O SIMMONS  
FEB 13 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAW Property Preservation, 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:

Andrea Black

(Name of Person)

(Firm/Company)

308 sandy oaks circle APT 104

(Address)

Leesburg FL 34748

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Black

(Name of Person)

at ( 352 ) 435-7551

(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

LAW PROPERTY PRESERVATION, LLC

2. The Articles of Organization were filed on MARCH 25, 2016 and assigned

document number L16000060374

3. The delayed effective date the dissolution if not effective on the date of filing: 2-17-17  
(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).

THIS WAS NOT THE ~~THE~~ RIGHT BUSINESS FOR ME  
AT THIS TIME DUE TO MEDICAL FAMILY NEEDS

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

ANDREA BLACK

308 SANDY OAK CIRCLE APT 104

LEESBURG, FL 34748

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:

Andrea Jo Black  
Signature

Andrea Jo Black  
Printed Name

FILING FEE: \$25.00