

L16 000 161 198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

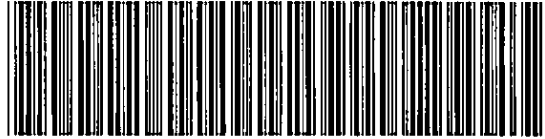
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Julie Woolary
gave permission
to correct document.
JL
6/9/20

Office Use Only



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05/20/20--01005--029 **55.00

SECRETARY OF
TALLAHASSEE, FL

2020 MAY 20 PM 5:31

FILED

all
6/9/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESCAPE ROOMS - LOST IN LUTZ, 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:

Julie WOOLARY
(Name of Person)

LOST IN LUTZ ESCAPE ROOMS
(Firm/Company)

1842 18970 SHAW ACRES DR.
(Address)

LUTZ, FL 33559
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie WOOLARY at (727) 504-6588
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2020 MAY 20 PM 5: 31

1. The name of a limited liability company is

ESCAPE ROOMS - LOST IN LUTHERVILLE, MISSISSIPPI

2. The Articles of Organization were filed on 8/29/2016 and assigned

document number L16000161178

3. The delayed effective date the dissolution if not effective on the date of filing: 5/14/2020
(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).

CORONA VIRUS - COVID - 19

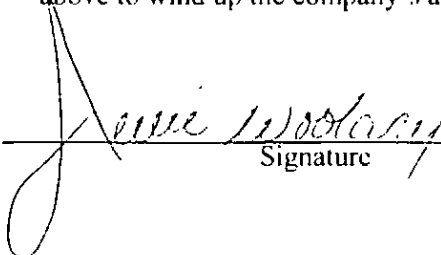
NO DISASTER LOAN ASSISTANCE GIVEN

APPLICATION NUMBER 3300823731 FILED 3/2020

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

N/A

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

Julie Woolery
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ESCAPE Rooms - LOST IN LUTZ, LLC

Document number of Limited Liability Company is: 416 000 161 198

Date of dissolution was: 5/14/2020

Description of information that must be included in a written claim:

NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF PERSON FILING THE CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

18970 Shaw Acres Dr
Lutz, FL 33557

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Julie Woolery

Printed Name of the Person Filing

Julie Woolery

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00