

L170000 60569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

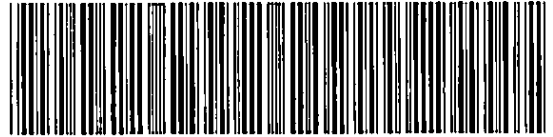
(Business Entity Name)

(Document Number)

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18 JAN 26 AM 8:45  
CLERK OF COURT  
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S. WARREN

JAN 29 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lularoeme 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:

Denise L Lynch  
(Name of Person)

Lularoeme LLC  
(Firm/Company)

PO BOX 1061  
(Address)

Davenport FL 33836-1061  
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Lynch at (863) 412-2026  
(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

1. The name of a limited liability company is

Lula Roeme LLC

2. The Articles of Organization were filed on 3-15-17 and assigned

document number L17000060569

3. The delayed effective date the dissolution if not effective on the date of filing: 1-18-2018  
(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).

never opened or used business

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>Denise Lynch</u>	<u>Brooke Barnes</u>
<u>PO Box 1061</u>	<u>149 Sanderling Dr.</u>
<u>Davenport 31</u>	<u>Haines City 31</u>
<u>33836-1061</u>	<u>33844</u>

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:

Denise Lynch  
Signature

Denise Lynch  
Printed Name

FILING FEE: \$25.00

FILED  
18 JAN 26 AM 8:45  
STATE OF FLORIDA