

L17000077345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

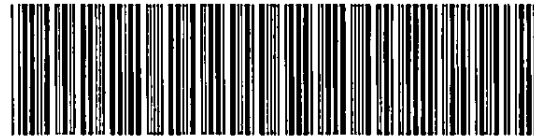
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200302557132

08/21/17--01023--005 **25.00

2017 AUG 21 AM 10:00
STATE DEPT OF STATE
FALL RIVER, MA 01931

FILED

K. SALY
AUG 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ladukeshandymans 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:

Frank Lago, Esq.

(Name of Person)

Walk Law Firm, PA

(Firm/Company)

100 S. Ashley Dr. Ste 620

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Lago

(Name of Person)

at (813) 999-0199

(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**

FILED
2017 AUG 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Ladukeshandymans LLC

2. The Articles of Organization were filed on 04/06/2017 and assigned
document number 17000077345

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).
Unanimous consent of the sole member.

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

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

LINDSAY MICHAUD
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.

Ladukeshandymans LLC

Name of Limited Liability Company: _____

Document number of Limited Liability Company is: **17000077345**

Date of dissolution was: 08.17.2017

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

All claims must be in writing and mailed to the address below. Claim must include claimant's name, address, telephone number, amount of claim, reason for claim.

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

1656 INDIAN ROCKS ROAD S
LARGO, FL 33774

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.

Lindsay Michaud
Printed Name of the Person Filing

LINDSAY MICHAUD

Signature of the Person Filing

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

FILED
2017 AUG 21 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

**UNANIMOUS WRITTEN CONSENT OF THE SOLE MEMBER
OF
LADUKES HANDYMANS, LLC**

The undersigned, being the sole member (the "**Member**") of LADUKES HANDYMANS, LLC, a Florida limited liability company (the "**Company**"), acting by written consent without a meeting, does hereby consent to the adoption of the following resolutions to dissolve the Company and directs that this consent be filed with the Member's minutes of the Company.

WHEREAS, the Member's approval of the voluntary dissolution of the Company by written consent in lieu of a meeting requires the written consent of the Member holding at least a majority of all of the votes entitled to be cast on the proposal;

WHEREAS, the undersigned Member deems it advisable and in the best interests of the Company that the Company be dissolved and that the Company dissolve and wind up the affairs of the Company.

NOW THEREFORE LET IT BE:

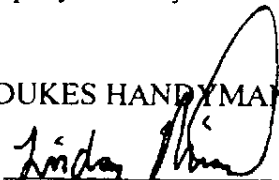
RESOLVED, that the undersigned Member, authorizes the dissolution of the Company;

RESOLVED, that the undersigned Member approves the Certificate of Dissolution, in the form attached as Exhibit A;

RESOLVED, that the Member is authorized and directed to carry out the dissolution and winding up of the Company, including selling any, all, or substantially all of the Company's assets; making adequate provision, by payment or otherwise, for all of the Company's existing and reasonably foreseeable debts, liabilities and obligations; distributing any remaining assets, either in cash or in kind, to the Member; and taking any other actions that are deemed necessary, appropriate, or desirable in the absolute discretion of the Directors to implement the intended dissolution and winding up of the Company;

The undersigned sole Member constituting of the Company has duly executed this unanimous written consent as of August 7th, 2017.

LADUKES HANDYMANS, LLC

By: 
Name: Lindsay Michaud
Title: Sole Member