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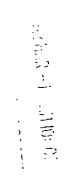
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	LEAD SMART EDUCATION	J. L.C. d Liability Company)	
	(Name of Elime	a maonity company)	
	rticles of Dissolution and fee(s) are submitted correspondence concerning this matter to the	-	
DR. Brenda K. Small (Name of Person)			
(Name of Person)			
(Firm/Company)			
(Tital Company)			
	575 HARNESS ROAD		
(Address)			
	MONUMENT, CO	80132	
	(City/State	e and Zip Code)	
For further infor	rmation concerning this matter, please call:		
Λα	Brenda Kay Small	ny 863 × 712-2641	
<u></u>	(Name of Person)	at (863) 712-2641 (Area Code & Daytime Telephone Number)	
Enclosed is a chec	ck for the following amount:		
<b>₹</b> 25.00	Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	enclosed	CK #1191	
Regis Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, 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

	A LIMITED LIABILITY COMPANY
	VinnR −1 AM (U: O)
1.	The name of a limited liability company is  LEAD SMART EDUCATION, LLC
2.	The Articles of Organization were filed on August 3, 2017 and assigned
	document numberL17000165914
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).
	RELOCATION TO ANOTHER STATE
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 a	. Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:

DR. Brenda Kay SMALL
Printed Name

DR. BK Small