

L17000185239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

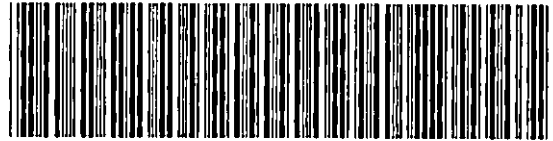
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 23 2019



KENNETH R. FOUNTAIN | KERRY ANNE SCHULTZ | SCOTT C. BRIDGFORD

Wednesday, July 10, 2019

VIA REGULAR MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: LTBL, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Dissolution for the above-referenced entity. Also enclosed is a check in the amount of \$25.00 for filing fee.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,

Kerry Anne Schultz, Esq.

KAS/amf

2045 FOUNTAIN PROFESSIONAL CT., STE. A | NAVARRE, FLORIDA 32566
(850) 939-3535 | (850) 939-3539 fax

SANTA ROSA BEACH
(850) 622-2700 | (850) 622-2722 fax

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LTBL, L.L.C.

(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:

Kerry Anne Schultz

(Name of Person)

Fountain, Schultz & Bridgford, PLLC

(Firm/Company)

2045 Fountain Professional Ct., Ste. A

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Anne Schultz

(Name of Person)

at (850) 939-3535

(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

LTBL, LL C

2. The Articles of Organization were filed on 8/29/17 and assigned

document number L17000185239

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).

All members have unanimously agree in writing to dissolve the compnay.

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

BARRY LINTNER TRUSTEE
Printed Name

FILING FEE: \$25.00