L18000049370

(Requestor's Name)
(Address)
(Address)
(133.33)
(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

1956-1092-



700384594297

03/29/22--01025--009 **25.00

SECALL TO UP STATE

4 5/13/200

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Local Gosersamont Gomes Solutions, Lhe (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:		
Robert Tivzev (Name of Person)		
Lord Government Financial Solutions LLC (Firm/Company)		
613 Fosest hahr (Address)		
(Address)		
City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (SSC) 321-699 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) Hivaly Pie : I + May Check has Cloured the Utal		
Mailing Address: Registration Section Street Address: Registration Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32303		



RECEIVED

2022 MAY -4 PM 12: 12

SECRETARY STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2022

ROBERT INZER 613 FOREST LAIR TALLAHASSEE, FL 32312

SUBJECT: LOCAL GOVERNMENT FINANCIAL SOLUTIONS, LLC

Ref. Number: L18000049370

We have received your document for LOCAL GOVERNMENT FINANCIAL SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced above. Please correct your document accordingly.

You cannot file the Notice unless the Articles of Dissolution has been filed.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 922A00008637

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	LOEM Covernment Fix an Cold Solations LLC
2.	The Articles of Organization were filed on $\frac{2/23/2018}{}$ and assigned
	document number <u>L 180000 49370</u>
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). Bush Dess Closed
	Duniness Closed
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Kolbert Lwzer
	_613 Forest Like
	Tallthossee Fl 32317
6. ab	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:
Χ	Robert Dwice
,	Signature Printed Name

FILING FEE: \$25.00

ZOZZ MAY - 4 PM 12:

SECIR
TALL KHASSEE, FL