

W18 0000 82696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

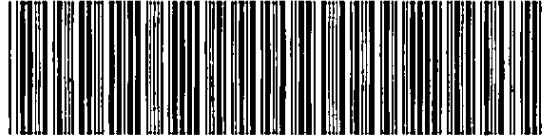
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09.13.21--01022--017 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 SEP 13 AM 8:41

FILED



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Legal Accounts 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:

M. O. JABR

(Name of Person)

LEGAL ACCOUNTS, LLC

(Firm/Company)

151 COLLEGE DRIVE, Suite 12

(Address)

ORANGE PARK, FL. 32065

(City/State and Zip Code)

For further information concerning this matter, please call:

[Signature]  
(Name of Person)

at ( 904 ) 325-3523  
(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 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**

1. The name of a limited liability company is

LEGAL ACCOUNTS, LLC

2. The Articles of Organization were filed on

4/2/18

and assigned

document number 2180000082696

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).

COMPANY NOT USED FOR YEARS  
& NOW NEEDS TO BE FORMALLY DISSOLVED

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

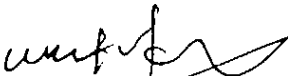
M. O. JABR

151 COLLEGE DRIVE

Suite 12

ORANGE PARK, FL. 32065

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

M. O. Jabr

Printed Name

**FILING FEE: \$25.00**

FILED  
2021 SEP 13 AM 8:13  
STATE OF FLORIDA  
TALLAHASSEE