# 118000100083

| (Red                                    | questor's Name)   |             |  |  |
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| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2019

KRISTEN SWANSON 96 HAY CANYON ELGIN, AZ 85611

SUBJECT: LAT 40 CONCEPTS, LLC

Ref. Number: L18000100083

We have received your document for LAT 40 CONCEPTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 619A00005869

2019 APR 11 PM 3: 40

www.sunbiz.org

### **COVER LETTER**

| TO: Registration Section Division of Corporations  |                      |            |                |
|--|----------------------|------------|----------------|
| SUBJECT: LAT 40 (ONCEPTS, 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:  |                      |            |                |
| KRISTEN SWANSON (Name of Person)   | -                    |            |                |
| LAT 40 CONCEDTS (Firm/Company)   | - 14<br>- 18<br>- 19 | 2010       |                |
| 96 Hay Canyon  |                      | onio APR I | T <sub>P</sub> |
| Elgin, AZ 85611 (City/State and Zip Code)  | - 1933 <b>-</b>      | 1 PM 3: 40 | LED            |
| For further information concerning this matter, please call:   |                      | 10         |                |
| Knston Swanson at (540) 809-586 (Area Code & Daytime Telephone Num   | nber)                |            |                |
| Enclosed is a check for the following amount:  S25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)  Apply my \$30 check that you have on file |                      |            |                |

#### 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  LAT 40 Concepts LLC  |              |
|----------|--|--------------|
| 2.       | The Articles of Organization were filed on April 20, 2018 and assigned   |              |
|          | document number <u>L180001000</u> <b>Q3</b>  |              |
| 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).   |              |
|          | LATHO (oncepts, LLC is dissolving due \$0  |              |
|          | moving out of state, to Arizona  | ACCAO<br>AND |
|          | FIS GO   | (            |
| 5.       | . If there are no members, enter the name and address of the person appointed to wind up the company's   |              |
|          | activities and affairs: KNS+EN SWCNSON   |              |
|          | LAT 46 (oncepts, LLC   |              |
|          | 96 Hay Carryon   |              |
|          | Elgin, AZ 85611  |              |
| 6.<br>li | Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs:   |              |
|          | Signature Kristen Swansm Printed Name  |              |

FILING FEE: \$25.00

Signature