L18000111304

(Re	questor's Name)			
•	,			
(Ad	dress)			
(Ad	dress)			
(6)	y/State/Zip/Phone #)			
(Cit	y/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Name)			
	·			
(Do	ocument Number)			
Certified Copies	Certificates of	Status		
	_			
Special Instructions to Filing Officer:				

Office Use Only



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20 JAN 28 AM 7: 52

FEB 2.2 2076

COVER LETTER

TO:	Registration Section
	Division of Corporations

Lauler Enterprises, 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:

R. Kevin Korey
(Name of Person)
Robert Kit Korey, PA
(Firm/Company)
595 W. Granada Blvd. Ste. A
(Address)
Ormond Beach, FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

R. Kevin Korey

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<u>.</u>

■ \$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 Lauler Enterprises. LLC						
2.	The Articles of Organization were filed on	May 3, 2018 and assigned					
	document number L18000111304						
3.	(effective date cannot be pro-	assolution if not effective on the date of filing: Cet. 31, 2019 Cannot be prior to or more than 90 days later than date document is received for filing) cock does not meet the applicable statutory filing requirements, this date will not be late on the Department of State's records.					
	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 completed business purpose	n the limited liability company's dissolution pursuant to section on back cover letter).					
5.	If there are no members, enter the name and	d address of the person appointed to wind up the company's					
	activities and affairs:	20 JAN 28					
		AH 7: 52					
6. lis	Signature of an authorized person or if ther ted above to wind up the company's activiti	re are no members, the signature of the person appointed and ies and affairs:					
	Mesidane	William Lauler					
Signature		Printed Name					

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

Laular Entarnrises IIC

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Laurer Lin	iterprises, EEC	,
Document number of Limited Liability Company is:	18000111304	
Date of dissolution was: Oct. 31, 2019		
Date of dissolution was:	-	
Description of information that must be included in a wr	itten claim:	
Name and address of claime	ent	
Date of occurance		
reason for claim		
		F _U 20
Mailing address where claims can be sent: (Claims cannot	ot be sent to the Division of	Corporations) 2
William Lauler		= = =
3525 Kilgallen Ct.		7: 52 5: [ALE 1: (APID)
Ormond Beach, FL 3217	74	
A state of the sta	an and the board and a second	
A claim against the above named limited liability compa claim is commenced within 4 years after the filing of this		rocceding to enforce the
William Lauler	With X	aul
Printed Name of the Person Filing	Signature of th	e Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00