

L18000152110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

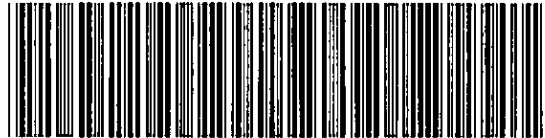
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10.19.19--01014--003 **27.00

LED
OFFICE OF STATE
CORPORATIONS
10 DEC 13 PM 12:22

Dissolution

DEC 30 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKELAND HILLS MEMORIAL, 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:

William C Lloyd

(Name of Person)

LAKELAND HILLS MEMORIAL, LLC

(Firm/Company)

147 2nd Avenue South, Suite 400

(Address)

St Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

William C Lloyd

(Name of Person)

727

895-2150

at (

_____) _____
(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

19 DEC 19 PM 12:27

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

LAKELAND HILLS MEMORIAL, LLC

2. The Articles of Organization were filed on 06/20/2018 and assigned

document number L18000152110

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).

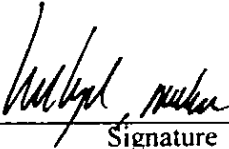
Unanimous consent of all members

Unanimous consent of all members

Unanimous consent of all members

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

William C Lloyd

Printed Name

FILING FEE: \$25.00

RECEIVED
DEPARTMENT OF STATE
JUN 21 2018
3:28 PM