

L18000222183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

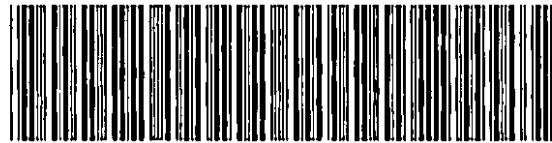
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3579

Office Use Only



400322534904

01/14/19--01030--025 **25.00

FILED
19 FEB -4 PM 12:49
TALLAHASSEE, FLORIDA

FEB 05 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2019

PAMELA LYNCH
ALAN LYNCH, LLC
4306 COUNTRY CLUB BLVD
CAPE CORAL, FL 33904

SUBJECT: ALAN LYNCH, LLC
Ref. Number: L18000222183

We have received your document for ALAN LYNCH, 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 limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 819A00001530

2019 FEB -6 AM 10:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alan Lynch, LLC
(Name of Limited Liability Company)

2019 FEB -14 PM 10:52

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan Lynch
(Name of Person)

(Firm/Company)

4306 Country Club Blvd
(Address)

Cape Coral, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Lynch at (239) 340-0735
(Name of Person) (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)

already paid

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

Alan Lynch, LLC

2. The Articles of Organization were filed on 10/1/18 and assigned

document number LI8000272183

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.

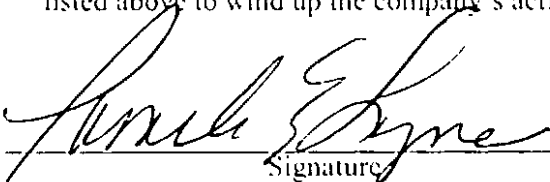
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Alan Lynch is no longer able to continue working due to the fact he physically can not perform the work. I would like to request a refund for the application

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

Fee that was paid on 9/10/18

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

Pamela E. Lynch
Printed Name

FILING FEE: \$25.00

2/1/19

FILED
19 FEB -4 PM 12:49
TALLAHASSEE, FLORIDA

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.

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

Name of Limited Liability Company: Alan Lynch, LLC

Document number of Limited Liability Company is: L18000222183

Date of dissolution was: 10/1/18

Description of information that must be included in a written claim:

Alan Lynch is no longer able to continue working due to the fact he physically can not perform the work. I would like to request a refund for the application fee that was paid on 9/10/18.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Alan Lynch
4306 Country Club Blvd
Cape Coral FL 33904

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Pamela E. Lynch
Printed Name of the Person Filing

Pamela E. Lynch
Signature of the Person Filing

2/1/19