

L20000059503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

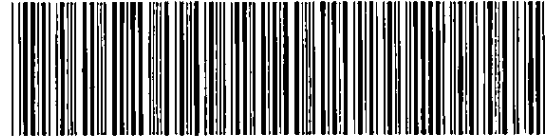
Filed Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JAN - 3 2023

Office Use Only



800399746498

FILED  
2022 DEC 29 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2022 DEC 29 11:25 AM

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/29/2022      **PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1108501

**ORDER ENTITY**  
LRE RESTORATION SERVICES, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**LRE RESTORATION SERVICES, LLC (FL)**

File the attached dissolution document

**NOTES:**  
\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MM" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LRE RESTORATION SERVICES, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIMBERLY D. NELSON  
\_\_\_\_\_  
(Name of Person)

KOLEY JESSEN P.C., L.L.O.  
\_\_\_\_\_  
(Firm/Company)

1125 SOUTH 103RD STREET, SUITE 800  
\_\_\_\_\_  
(Address)

OMAHA, NE 68124  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY D. NELSON at (402) 343-3818  
\_\_\_\_\_  
(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)

**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

2022 DEC 29  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED  
AM 11:20

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
LRE RESTORATION SERVICES, LLC

2. The Articles of Organization were filed on FEBRUARY 26, 2020 and assigned  
document number 1.20000059503

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).  
~~NO LONGER TRANSACTING BUSINESS.~~ CONSENT OF THE SOLE MEMBER

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:

David G. Thrasher  
Signature

David G. Thrasher  
Printed Name

FILING FEE: \$25.00