

k20 000073475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

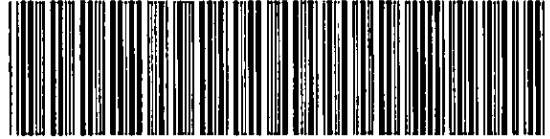
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000380536820

2022 JUN 24 PM 10:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lamplighter Investors
(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:

Maria Siciliano
(Name of Person)

Lamplighter Investors LLC
(Firm/Company)

111 Biscayne Blvd # 1910
(Address)

Miami FL 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Siciliano at (317) 250-5891
(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

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

1. The name of a limited liability company is

Lampighter Investors LLC

2. The Articles of Organization were filed on 03-05-2020 and assigned

document number L20000073475

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).

The company has not being used

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

Maria Siciliano

1111 Biscayne Blvd #1910

Miami FL 33181

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:

Maria Siciliano
Signature

Maria Siciliano
Printed Name

FILING FEE: \$25.00