## L22000016205

| (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: |  |  |  |  |
| J 1 3                                   |  |  |  |  |
| MAY 1 2014                              |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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01/23/24--01012--002 ++25.00 Ret. 04/15/24

024 APR 15 PM 4: 15

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |                             |  |  |
|--|--|--|-----------------------------|--|--|
| SUBJE  | L&I. Financial Services LLC                            |  |                             |  |  |
|  |  | d Liability Company)   |                             |  |  |
| The enc  | losed Articles of Dissolution and fee(s) are submitte  | d for filing.  |                             |  |  |
| Please r   | eturn all correspondence concerning this matter to the | ne following:  |                             |  |  |
|  | Ashley Lah   |  |                             |  |  |
| (Name of Person)   |  |  |                             |  |  |
| L&L Financial Services LLC   |  |  |                             |  |  |
| (Firm/Company)   |  |  |                             |  |  |
| 6500 SW 37th Street  |  |  |                             |  |  |
|  | (Address)  |  |                             |  |  |
| Miami, FL 33126  |  |  |                             |  |  |
| (City/State and Zip Code)  |  |  |                             |  |  |
| For further information concerning this matter, please call:                                       |  |  |                             |  |  |
|  | Ashley Lah   | 305<br>at (  | 951-6668                    |  |  |
|  | (Name of Person)                                       |  | & 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

| The name of a limited liability companing L&L Financial Services LLC  | ny is  | 75 PM 4:15                        |
|---|--|-----------------------------------|
| 2. The Articles of Organization were filed  | d on   | and assigned                      |
| document number   |  |                                   |
| 3. The delayed effective date the dissolut:  (effective date cannot be Note: If the date inserted in this block do listed as the document's effective date on | pes not meet the applicable statutory filing                           | accument is feceived for thing)   |
| 4. A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0   | ed in the limited liability company's d<br>1707 on back cover letter). | issolution pursuant to section    |
| On 01/18/24 members of U.&t. Financial Services convened to   |  | 11                                |
| operations or generate any revenue since it's formation. Despite initial i  | intentions to launch the company and pursue business activities,       |                                   |
| the company has remained inactive and dorman  | nt, without accruing any liabilities or obligation                     | is.                               |
| In light of these circumstances, the membe  | ers resolved to dissolve L&L Financial Ser                             | rvices LLC                        |
| 5. If there are no members, enter the name activities and affairs:  | e and address of the person appointed                                  | to wind up the company's          |
|   |  |                                   |
| 6. Signature of an authorized person or if above to wind up the company's activities  | there are no members, the signature of and affairs:                    | f the person appointed and listed |
|   | Ahley L  | ah                                |
| Signature   | Printe   | d Name                            |

**FILING FEE: \$25.00**