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SECTION - 1 PM 2: 04

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: LCMG INC P03000071554 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LISA C COLEMAN (Name of Contact Person) LCMG INC (Firm/Company) PO BOX 284 (Address) PONTE VEDRA FL 32082 (City/State and Zip Code) For further information concerning this matter, please call: LISA C COLEMAN (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) Mailing Address: **Street Address:**

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: LCMG INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: OCT 28 2024 octaé
	Effective date of dissolution if applicable: 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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	LISA C COLEMAN
	(Typed or printed name of person signing)
	PRESIDENT CO. 100
	(Title of person signing)
	Filing Fee: \$35

BOARD RESOLUTION

OF

LCMG, Inc.

I the undersigned, being all the Directors and Shareholders of LCMG, Inc., in the form prescribed by the Florida Financial Services Commission and Chapter 517 of the Florida Statutes, organized and existing under the laws of Florida, and having its principal place of business at PO Box 284. Ponte Vedra Beach, Florida 32004 (the "Corporation"), hereby certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the Directors and Shareholders of the Corporation duly held and convened on OCT 28 2024, at which a quorum of the Board of Directors was present and voting throughout, and that such resolution has not been modified, rescinded or revoked, and is at present in full force and effect:
Therefore, it is resolved:
Articles of Dissolution shall be filed with the Florida Department of State to dissolve and close the Corporation effective/ ZOZ4/ CERTIFICATE OF THE SECRETARY
The Secretary of the Corporation hereby certifies that she is the duly elected and qualified Secretary of LCMG, Inc. and certifies that the above is a true and correct record of the resolution that was duly adopted by the Directors and Shareholders of the Corporation on OCT 28 2024.
Directors
Julie C. Collman OCT 28 2024
Lika C Coleman, Secretary Date
Shareholders

Circle this L.S. as there is no corporate seal.