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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Dissolution of L Squared, Inc. DOCUMENT NUMBER: P05000044881 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah L. Ellerby, President. (Name of Contact Person) L Squared, Inc (Firm/Company) 5036 Dr. Phillips Blvd, Suite 114 (Address) Orlando, FL 32819 (City/State and Zip Code) For further information concerning this matter, please call: Sarah L. Ellerby (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

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:		
	L Squared Inc.		
SECOND:	The document number of the corporation (if known): P05000044881		
THIRD:	The date dissolution was authorized: May 23rd, 2012		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file days)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	Sarah L. Ellerby, President. (voting group)		
	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)		
	Sarah L. Ellerby		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S.

within 4 years after the filing of this notice.

Printed Name of the Person Filing

Sarah L. Ellerby

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: L Squared, Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Nature and type of claim; Date of claim; Name and address of person making claim; Evidence supporting claim; and all documents, correspondence communications and other evidence supporting claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 5036 Dr. Phillips Blvd Suite 114 Orlando, FL 32819

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced