## P06000043898

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07 JUN 20 PM 3: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Please return all correspondence concerning this matter to the following:  file stamp the copy and return it to me in the reply env. also enclosed.  Thank you.  Leah Lamblez  (Name of Contact Person)  (Firm/Company)  134 15th St., South (Address)  Jacksonville Beach, FL 32250  (City/State and Zip Code)	SUBJECT: LL Protection Adv	visors, Inc.	days
Please return all correspondence concerning this matter to the following:    Coriginal and one copy. Please file stamp the copy and return it to me in the reply env. also enclosed.    Thank you.	DOCUMENT NUMBER: P0600	00043898	
it to me in the reply env. also enclosed.  Thank you.  Ieah Lamblez  (Name of Contact Person)  (Firm/Company)  134 15th St., South (Address)  Jacksonville Beach, FL 32250  (City/State and Zip Code)	The enclosed Articles of Dissolution and fe	e are submitted for filing.	original and one copy. Please
Ieah Lamblez (Name of Contact Person)  (Firm/Company)  134 15th St., South (Address)  Jacksonville Beach, FL 32250 (City/State and Zip Code)	Please return all correspondence concerning	this matter to the following:	it to me in the reply env.
(Name of Contact Person)  (Firm/Company)  134 15th St., South (Address)  Jacksonville Beach, FL 32250 (City/State and Zip Code)			Thank you.
(Firm/Company)  134 15th St., South (Address)  Jacksonville Beach, FL 32250 (City/State and Zip Code)		<del></del>	
	(Name of C	Contact Person)	
Jacksonville Beach, FL 32250  (City/State and Zip Code)	(Firm	/Company)	
Jacksonville Beach, FL 32250  (City/State and Zip Code)	134 1/	5th St., South	
(City/State and Zip Code)			
(City/State and Zip Code)	·	,	
		<del></del>	0
For further information concerning this matter, please call-	(City/State	e and Zip Code)	
To Turmer information concerning this matter, please call.	For further information concerning this matt	ter, please call:	
Leah Lamblez at ( 904 ) 246-3490	Leah Lamblez	at ( 904 ) 246-	3490
(Name of Contact Person) (Area Code & Daytime Telephone Number)			<u> </u>
Enclosed is a check for the following amount:	Enclosed is a check for the following amoun	nt:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & \Bigcup \$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (Additional copy is Certified Copy		Certified Copy Ce	rtificate of Status &
enclosed)  (Additional copy is enclosed)		enclosed) (A	dditional copy is
MAILING ADDRESS: STREET ADDRESS:			
Amendment Section Amendment Section			
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building	<u>-</u>		=
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	LL Protection Advisors, Inc.	<b>ɔ</b>
SECOND:	The document number of the corporation (if known): P06000043898	07 JUN 20 PM 3: 19
THIRD:	The file date of the articles of incorporation: 3/27/06	FILED
FOURTH:	(CHECK AT LEAST ONE BOX)	空兴
	None of the corporation's shares have been issued.	19
	x The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	I: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	nature:  (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 duciary, by that fiduciary.)	
	Leah Lamblez (Typed or printed name of person signing)	
	Incorporator  (Title of Person Signing)	

Filing Fee: \$35