## P010000548

(Řě	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
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## **COVER LETTER**

 $C_{i}$ 

ΓO: Amendment Section Division of Corporations
SUBJECT: LLL SERVICES CO.
P0700065548
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES ROHER
(Name of Contact Person)
LLL SERVICES CO.
(Firm/Company)
5221 SAINT AUGUSTINE ROAD
(Address)
JACKSONVILLE, FLORIDA 32207
(City/State and Zip Code)
for further information concerning this matter, please call:
JAMES ROHER at (904) 448-4011  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
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 Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## 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: LLL SERVICES CO.					
SECOND:	The document number of the corporation (if known): P07000065548					
THIRD:	The date dissolution was authorized: JANUARY 6, 2015					
	Effective date of dissolution <u>if applicable</u> : JANUARY10, 2015  (no more than 90 days after dissolution file date)					
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:					
	(voting group)  ACCAPANA  ASSA  ASSA					
	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)					
	LEK LLESHI					
	(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	w for resolution of payment	t of unknown claims
against this corporation as provided in s.	607.1407, F.S.		

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corpor	ation: LLL SERVICES CO.				
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 in	formation that must be included in a claim:				
Any and a	Il information that facilitated the fact that a claim actually exist.				
The inform	nation must conform to all Florida Statutes and the Uniform				
Commerc	ial Codes existing at the time the claim is stated to have				
occurred.					
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)				
	LLL SERVICES CO				
•	5221 SAINT AUGUSTINE RD				
•	JACKSONVILLE, FLORIDA 32207				
•					
•					

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LEK LLESHI

Printed Name of the Person Filing

Signature of the Person Filing

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