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(Re	equestor's Name)	
(Ac	idress)	.
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(Ac	ldress)	-
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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NALLAMASSEE, FLORIDA

TO THE CONTRACT OF STATE OF ST

COVER LETTER,

TO: Amendment Section Division of Corporations	•
•	
SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER: <u>P07000084609</u>	
The enclosed Articles of Dissolution and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
LAWRENCE ROSENBERG	
(Name of Contact Pers	on)
LSR CONSULTING INC.	
(Firm/Company)	
8001 GOLFER'S OASIS DR	
(Address)	
LAS VEGAS, NV 89149	
(City/State and Zip Co	ode)
For further information concerning this matter, please ca	all:
LAWRENCE ROSENBERG at (95	54) 383-2405
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certified (Additiona enclosed)	l copy is Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 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:
	LSR CONSULTING INC
SECOND:	
THIRD:	The date dissolution was authorized: 3/20/2012
	Effective date of dissolution <u>if applicable:</u> 3/20/2012 (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:
	The number of votes cast for dissolution was sufficient for approval by
	1
	(voting group) Voting group) 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)
	LAWRENCE ROSENBERG
	(Typed or printed name of person signing)
	PRES / Director (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.

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

Name of Corporation: LSR CONSULTING 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:

COPIES OF ALL INVOICES AND PROOF OF DELEIVERY OF SERVICE OR PRODUCTS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PO BOX 33371

LAS VEGAS, NV 89133

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.

LAWRENCE ROSENBERG

Printed Name of the Person Filing

Director

Signature of the Person Filing

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