

L09 000112526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

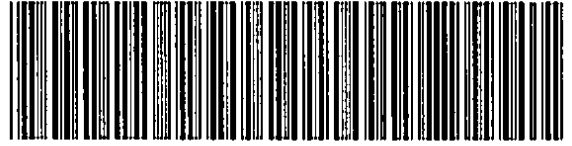
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/14/21--01018--005 **25.00

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TALLAHASSEE, FL

Notice of Dissolution

DEC 28 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTON, LLC

DOCUMENT NUMBER: L09000112526

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

AMANDA L. APARICIO

(Name of Contact Person)

ASTON, LLC

(Firm/Company)

18201 COLLINS AVENUE, SUITE 3801-A

(Address)

SUNNY ISLES BEACH, FLORIDA 33160

(City/State and Zip Code)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

AMANDA L. APARICIO

at (305) _____

868-3363

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$60 Filing Fee,
Certificate of Status & Certified
Copy (Additional copy
is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ASTON, LLC

Document number of Limited Liability Company is: L09000112526

Date of dissolution was: 12/31/2021

Description of information that must be included in a written claim:

ANY CLAIM SHOULD INCLUDE THE PURPOSE OF THE CLAIM; MAILING ADDRESS; AMOUNT OF CLAIM
AND ANY SUPPORT DOCUMENTATION RELATED TO THE CLAIM.

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TALLAHASSEE, FLORIDA

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

ASTON, LLC


18201 COLLINS AVENUE, STE. # 3801A

SUNNY ISLES BEACH, FLORIDA 33160

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

AMANDA L. APARICIO, MANAGER

Printed Name of the Person Filing


Signature of the Person Filing