

L15 000206307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/02/19--01016--006 **25.00

2019 AUG -2 PM 3:31

FILED

C. GOLDEN

AUG - 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2-2 and Two Sons, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce R. Abernethy, Jr.

(Name of Person)

Bruce R. Abernethy, Jr. PA

(Firm/Company)

130 S Indian River Dr., #201

(Address)

Fort Pierce, FL 34950

(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce R. Abernethy, Jr. at (772) 489-4901
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:


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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FM ED

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- 
Signature

7.30.2019

William E. Shultz, Manager

Printed Name _____

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: 2-2 and Two Sons, LLC

Document number of Limited Liability Company is: L15000206307

Date of dissolution was: August 15, 2019

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

Identification of Claimant

Amount and basis of claim

Contact information for Claimant

Any documentation to support claim

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

William E. Shultz

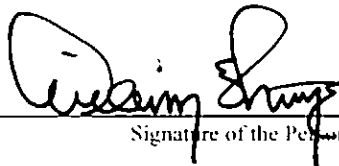
1690 Old River Road

Fort Pierce, FL 34982

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.

William E. Shultz

Printed Name of the Person Filing



Signature of the Person Filing

7-20-2019