Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : WHITEBIRD

Account Number : I20200000041 Phone : (321)327-5580

Fax Number

; (321)327-5655

## LLC DISSOLUTION OR WITHDRAWAL LAS HOSPITALITY SUPPLY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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### **COVER LETTER**

TO:	Registration Section Division of Corporations					
0. I.D. 177	LAS HOSPITALITY SUPPLY, LLC	LAS HOSPITALITY SUPPLY, LLC				
SUBJECT: (Name of Limited Liability Company)						
The enc	closed Articles of Dissolution and fee(s) are submit	ted for filing.				
Please r	return all correspondence concerning this matter to	the following:				
	Bradley F. White, Esq.					
	(Name of Person)					
	WhiteBird, PLLC					
	(Firm/Company)					
	2101 Waverly Place, Suite 100					
	(Address)					
	Melbourne, Florida 32901					
	(City/St	ate and Zip Code)				
For fur	rther information concerning this matter, please cal	<b>ī</b> :				
Bradley F. White, Esq.		321 327-5580 at ()  (Area Code & Daytime Telephone Number)				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed is a check for the following amount:					
	S25.00 Filing Fee and Certificate of Dissolution	<ul> <li>\$55.00 Filing Fee, Certificate of Dissolution &amp; Certified Copy (additional copy is enclosed)</li> </ul>				
	Mailing Address:	Street Address: Registration Section				
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	Signature		Printe	ed Name	
1	M.S. 7. 7. 1	2	Matthew Brooks, Mana		_
6. at	Signature of an authorized persone to wind up the company's a	on or if there are no m ctivities and affairs:	embers, the signature o	of the person appointed and	d listed
	_				-
	_				-
	activities and affairs:			ELS 3	- 🛡
5.	If there are no members, enter t	he name and address o	the person appointed	to wind up the company's	וזין
				2.0	_
					-
	605.0707, Florida Statutes, (cop The unanimous consent of all mem		ver letter).		
4.	A description of occurrence tha	t resulted in the limited	l liability company's d	issolution pursuant to sect	ion
	Note: If the date inserted in this listed as the document's effective			requirements, this date will i	not be
3.	The delayed effective date the c	cannot be prior to or more	than 90 days later than date	: document is received for filing)	)
	document number L2000009848	2			
2.	The Articles of Organization we	ere filed on April 8, 202	0	and assigned	
	LAS HOSPITALITY SUPPLY, L	uc		<del></del>	.•
1.	The name of a limited liability company is				

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: LAS HOSPITALITY SUPPLY, LLC	
Document number of Limited Liability Company is: L20000098482	
Date of dissolution was:	
Description of information that must be included in a written claim:	
I. Name and Address of Claimant.	
2. Amount of Claim.	
3. Basis of Claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division o	f Corporations)
523 US Highway 301 S	
Tampa, Florida 33619	
A claim against the above named limited liability company will be barred unless a	proceeding to enforce t

claim is commenced within 4 years after the filing of this notice.

Matthew Brooks, Manager

Printed Name of the Person Filing

Signature of the Person Filing