L18000184717

(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

300380489033

01/28/22--01021--006 **25.00

2022 JAN 28 AM 11:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Filing Notice of LLC Dissolution: LOFTON ISLAND DEVELOPMENTS LLC

DOCUMENT NUMBER: L18000184717

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber Coleman
(Name of Contact Person)

Geosam Capital US
(Firm/Company)

424 Luna Bella Lane, Suite 122
(Address)

New Smyrna Beach, FL 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

Amber Coleman (Name of Contact Person) at (386) (Area Code) 428-8448 (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

CR2E142 (2/14)

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: LOFTON ISLAND DEVELOPMENTS LLC

Document number of Limited Liability Company is: L18000184717

Date of dissolution was: December 30, 2021

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

Name and address of Claimant(s):

General description of basis for claim (e.g. invoice, photographs, etc.), including date, time, and location of any events related thereto establishing basis for claim.

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

Geosam Capital US

Attn: Corporate Counsel/Legal Representative

424 Luna Bella Lane, Suite 122

New Smyrna Beach, FL 32168

2022 JAN 28 P 1:11

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.

Amber Coleman
Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00