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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Name	<u> </u>
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: PIMT SI	PECIAL ASSETS, LLC			
DOCUMENT NUM	NUMBER:			
The enclosed Notice	of Limited Liability (	Company Dissolution and	d fee are submitted for filing.	
Please return all corr	respondence concerning	this matter to the followi	ng:	
Andrew T. Lavin, Esq.				
	(Name of C	Contact Person)		
Lavin Law Group, P.A.				
	(Firm	/Company)		
2670 NE 215 Street				
	(Ad	dress)	<del></del>	
Miami, Florida 33180				
	(City/Stat	e and Zip Code)		
For further informat	ion concerning this matt	er, please call:		
Andrew T. Lavin 954 967-2788				
(Name of Contact Person)			Daytime Telephone Number)	
Enclosed is a check	for the following amour	nt:		
□\$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:		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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.

PIMT SPECIAL ASSETS, LLC Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was: March 7, 2022
Description of information that must be included in a written claim:
1. The basis of the claim.
2. The name, address, email address, and telephone number of Claimant (and if applicable, Claimant's attorney).
3. The amount of the claim which is now due or if not currently due, the date when the claim will be due.
4. Whether the claim is contingent, liquidated, or unliquidated. Explain the basis if the claim is contingent or unliquidated.
5. Whether the claim is secured or unsecured. If secured, identify the nature of the security.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PIMT SPECIAL ASSETS, LLC  C/O Andrew T. Lavin, Esq.
PIMT SPECIAL ASSETS, LLC
C/O Andrew T. Lavin, Esq.
Lavin Law Group, P.A.
2670 NE 215 Street, Miami, FL 33180 - Tel.: 954-967-2788
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.

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

Scott E. Tuckman

Printed Name of the Person Filing