

A 000000001800

(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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CLERK OF COURT
JAN 11 2022

FEB 18 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVERPOOL INVESTMENTS, LLLP - A00000001800
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

JAIME VELOCCI

(Contact Person)

(Firm/Company)

1480 NW 94TH AVE.

(Address)

PLANTATION, FL 33322

(City, State and Zip Code)

For further information concerning this matter, please call:

JAIME VELOCCI

(Name of Contact Person)

954

448-0286

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☒ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

LIVERPOOL INVESTMENTS, LLLP - A00000001800

Description of information that must be included in a claim:

LLLP - NO LONGER NEEDED

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

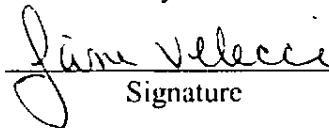
1480 NW 94TH AVE. PLANTATION, FL 33322

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

Signature of a general partner or a principal of the successor entity:

JAIME VELOCCI

Printed Name


Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50

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FLORIDA DEPARTMENT OF STATE
FEB 7 2022

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