

A96000002206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

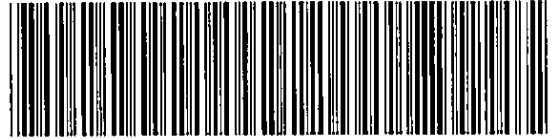
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02-10-11-0101-0000-0000

2023 FEB 10 PM 12:40

2023

2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LVJV Family Limited Partnership Doc # A96000002206: EIN # 65-07200338
(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:

David Vogel

(Contact Person)

n/a

(Firm/Company)

1573 Huntingdon Trail

(Address)

Sandy Springs GA 3035

(City, State and Zip Code)

For further information concerning this matter, please call:

David Vogel at (770) 317-1404

(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$52.50 Filing Fee	<input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status	<input type="checkbox"/> \$105.00 Filing Fee and Certified Copy	<input type="checkbox"/> \$113.75 Filing Fee, Certified Copy, and Certificate of Status
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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

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

2023 FEB 10 PM 12:41

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:

LVJV Family Limited Partnership

Description of information that must be included in a claim:

When was Claim?

What is the claim for?

How much is the claim for?

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

1573 Huntingdon Trail

Sandy Springs, GA 30350

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:

David Vogel

Printed Name

Signature

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

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Certified Copy (optional): \$52.50