

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383
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From:

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	Account Name	:	WINDERWEEDLE,	HAINES,	WARD	£	WOODMAN,	₽.A.
	Account Number	:	076077002775					
	Phone	t	(407)246-8678					
	Fax Number	t	(407)423-7014					

LLC DISSOLUTION OR WITHDRAWAL

LQL, LLC

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<u>COVER LETTER</u>

TO: Registration Section Division of Corporations

SUBJECT: LQL, LLC,

DOCUMENT NUMBER: L01000016050

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

Please return all correspondence concerning this matter to the following:

Randolph J. Rush

(Name of Contact Person)

Winderweedle, Haines, Ward & Woodman, P.A.

(Firm/Company)

329 Park Avenue North, Second Floor

(Address)

Winter Park, Florida 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

Randolph J. Rush

MAILING ADDRESS: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

(Name of Contact Person)

Enclosed is a check for the following amount:

D\$25 Filing Fee

\$30 Filing Fee & Certificate of Status □ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)

STREET ADDRESS:

at (407) (Area Code) 246-8413 (Daytime Telephone Number)

> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E142 (2/14)

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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 Lisbility Company: LQL, LLC

Document number of Limited Liability Company is L01000016050

Date of dissolution was; December 17, 2015

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

The claim must be in writing, and must state the name of claimant, the date the claim arose or accrued, a description of the claim, and the amount of the claim.

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

LQL, LLC, Attn: R Rush

Winderweedle, Haines, Ward & Woodman, P.A.

P.O. Box 880

Winter Park, FL 32790-0880

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 filling of this notice.

Legenn W. Davis, as Chief Operating Officer of San Pasqual Fiduciary Trust Company, 48 Trustee of Silfam Survivoris Trust U/A dated 6/19/13, as Manager

Printed Name of the Person Filing

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Fee: No charge if included with Articles of Dissolution. If filed separately \$25,000 (((H16000019782 3)))