

204000001569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

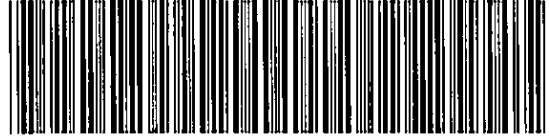
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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18 JUN 21 2:14:49  
A. J. EGGETT  
JUN 22 2018

J. J. EGGETT  
JUN 22 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Cypress Group, LLC

**DOCUMENT NUMBER:** L04000001569

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

Please return all correspondence concerning this matter to the following:

John H. DeLoach

(Name of Contact Person)

Williams, Gautier, Gwynn, DeLoach & Kiker, P.A.

(Firm/Company)

2010 Delta Boulevard

(Address)

Tallahassee, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

John H. DeLoach

(Name of Contact Person)

at ( 850 ) 386-3300

(Area Code)

(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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

## 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: The Cypress Group, LLC

Document number of Limited Liability Company is: L04000001569

Date of dissolution was: June 30, 2018

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

Current name, street address, mailing address and telephone number of claimant.

Exact amount of claim and date(s) on which claim was incurred.

Detailed invoice and/or detailed description of claim (including, but not limited to, detailed description of product(s), service(s) and any other basis(es) of claim).

Copies of all contract(s) and any other document(s)/information related to claim.

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

The Cypress Group, LLC

c/o John H. DeLoach

2010 Delta Boulevard

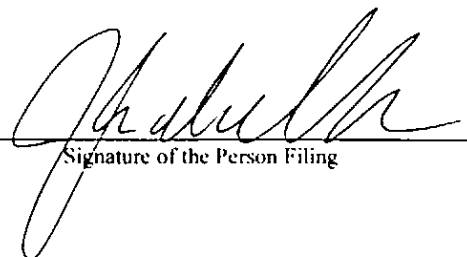
Tallahassee, FL 32303

18 JUN 21 PM 4:19

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.

John H. DeLoach

Printed Name of the Person Filing



Signature of the Person Filing