

204 0000 41655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

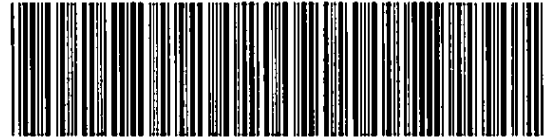
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL
STATE

C. BROOKS

MAR 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ES VENTURES ONE, LLC

DOCUMENT NUMBER: L04000041655

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

Please return all correspondence concerning this matter to the following:

Andrew T. Lavin, Esq.

(Name of Contact Person)

Lavin Law Group, P.A.

(Firm/Company)

2670 NE 215 Street

(Address)

Miami, Florida 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew T. Lavin

at (954) 967-2788

(Name of Contact Person)

(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:

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 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: ES VENTURES ONE, LLC

Document number of Limited Liability Company is: L04000041655

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)

ES VENTURES ONE, LLC

C/O Andrew T. Lavin, Esq.

Lavin Law Group, P.A.

2670 NE 215 Street, Miami, FL 33180 - Tel.: 954-967-2788

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DIVISION OF CORPORATIONS
FLORIDA

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.

Scott E. Tuckman

Printed Name of the Person Filing

Scott E. Tuckman
Signature of the Person Filing