

L050000 #7942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

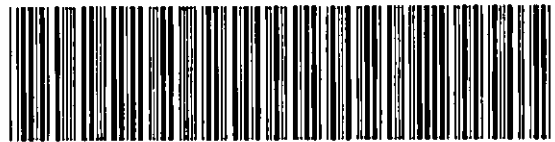
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED  
JAN 30 AM 10:16  
2020

FILED  
JAN 30 AM 10:16  
2020

11/27/19-- 0114--001 \*\*75.00

LLC  
Art. of  
Diss w/Notice

FEB 03 2020

D CONNELL



*LLC Amendment  
Attachments -*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2020

BARRY WALLINGFORD  
5131 INDUSTRY DR. #101  
MELBOURNE, FL 32940

SUBJECT: LAS BRISAS BUSINESS CENTER, LLC  
Ref. Number: L05000047942

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 620A00000424

2020 JAN 27 PM 2:47

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAS BRISAS BUSINESS CENTER, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

BARRY WALLINGFORD

(Name of Person)

LAS BRISAS BUSINESS CENTER, LLC

(Firm/Company)

5131 INDUSTRY DRIVE, #101

(Address)

MELBOURNE, FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER BURKHOLDER, CPA/CGMA at 321 749-6880  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

*pd. ck # 1089 (AR LLC)  
11/22/19  
RAW*

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: LAS PRISAS BUSINESS CENTER, LLC

Document number of Limited Liability Company is: L05000047942

Date of dissolution was: DATE OF THIS FILING

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

The nature of the claim

The amount owed, if any

Contact information, such as, Name, address, email address and phone number of the person to be contacted regarding the claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

c/o Barry Wallingford  
5131 Industry Dr #101  
MELBOURNE, FL 32940  
321.259.7575 x213

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.

Barry Wallingford  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00