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(Requestor's Name)		
(Ade	dress)	<u> </u>
(A.d.	dress)	<u> </u>
(Adi	uress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies Certificates of Status		
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Special Instructions to f	Filing Officer:	
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Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	Noble House, LLC		
		ited Liability Comp	pany)
The encl	losed Articles of Dissolution and fec(s) are subm	itted for filing.	
Please re	eturn all correspondence concerning this matter t	o the following:	
	Adrienne Ashley		
	(N	ame of Person)	
	Matthews & Jones, LLP		
	(Fi	rm/Company)	
	4475 Legendary Drive		
		(Address)	
	Destin, FL 32541		
	(City/S	tate and Zip Code)	
For furth	er information concerning this matter, please cal	l:	
	Adrienne Ashley	850	837-3662
	(Name of Person)	at ((Area (Code & Daytime Telephone Number)
Enclosed i	is a check for the following amount:		
☐ \$25.00 Filing Fee and Certificate of Dissolution ☐ \$55.00 Filing Fee, Certificate of Certified Copy (additional of Certified Copy)		ig Fee, Certificate of Dissolution & Copy (additional copy is enclosed)	
	Mailing Address:	Street Addres	55:
	Registration Section Division of Corporations	Registration Section	
	P.O. Box 6327		Corporations of Tallahassee
-	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

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:
Document number of Limited Liability Company is:
Date of dissolution was: 3/21/2024
Description of information that must be included in a written claim:
1. Nature, amount and date of claim
2. Contact information of claimant
202h S.E. T.E.L.
Po R
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1052 Antrim Glen Drive, Hoschton, GA 30548
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.
$\bigcap IM$
Rick Hanson
Printed Name of the Person Filing

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