

L05000116820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

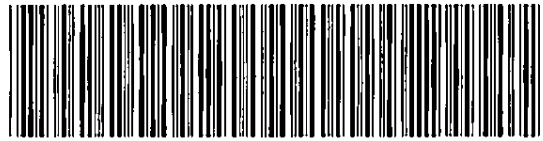
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAPMAN PARK, LLC

DOCUMENT NUMBER: L05000116820

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

Please return all correspondence concerning this matter to the following:

Timothy W. McGee, Esq.

(Name of Contact Person)

Dunn McGee & Allen, LLP

(Firm/Company)

446 Main St., Ste. 1900

(Address)

Worcester, MA 01608

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy W. McGee

(Name of Contact Person)

at (508)

(Area Code)

754-8100

(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

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: CHAPMAN PARK, LLC

Document number of Limited Liability Company is: L05000116820

Date of dissolution was: December 8, 2023

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

A reasonable description of the claim; the amount of the claim; the date(s) when the Limited Liability Company's obligation(s) were incurred; and the name, mailing address, and telephone number of the claimant.

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

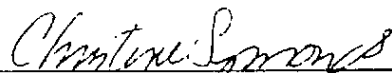
55 Eastwood Circle

Gardner, MA 01440

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.

Christine Symonds, Manager

Printed Name of the Person Filing



Signature of the Person Filing

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

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