L06000078 13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

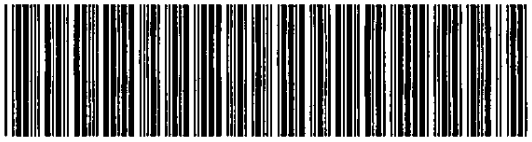
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 APR 26 PM 2:12
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TALLAHASSEE, FLORIDA

O SIMMONS

APR 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imagine - St Lucie County, LLC

DOCUMENT NUMBER: L06000078913

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

Please return all correspondence concerning this matter to the following:

Bill Abruzzo
(Name of Contact Person)

Imagine Schools, Inc.
(Firm/Company)

1900 Gallows Rd. Suite 250
(Address)

Vienna, VA 22182
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Abruzzo at (703) 740-2875
(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:
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

CR2E142 (2/14)

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: Imagine - St. Lucie County, LLC

Document number of Limited Liability Company is: L06000078913

Date of dissolution was: 4/12/18

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

nature of claim an amount, name of claimant, address and contact information for claimant, date claim occurred

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TALLAHASSEE, FLORIDA

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

Imagine Schools Non-Profit, Dnc.
1900 Gallows Road, Suite 250
Vienna, VA 22182
c/o Isabel Berio, esq.

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 Sharp, Pres
Printed Name of the Person Filing

Signature of the Person Filing

Imagine Schools Non-Profit, Dnc., Sole member

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