(0700071732

(Requestor's Name)
(Address)
(Address)
(Address)
1
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700312317677

04/26/18--01022--015 **50.00



ARR 27 20th J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Imagine - Leon DOCUMENT NUMBER: LO700	County, LLC
DOCUMENT NUMBER: LO700	0071732
The enclosed Notice of Limited Liability Co	mpany Dissolution and fee are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Bill Abruzzo (Name of Co.	
(Name of Co	ntact Person)
Imagine Schools, I	NC,
1900 Gallows Rd. S	oute 250
	••••
Vienna, VA 22182 (City/State a	and Zip Code)
For further information concerning this matter	
Bill Abruzzo (Name of Contact Person)	at (703) 740 - 2875 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & Additional copy is enclosed) 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

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 - Leon County, LLC
Document number of Limited Liability Company is: L07000071732
Date of dissolution was: H 12/18
Description of information that must be included in a written claim:
nature of claim and amount, name of claimant, address and contact information for claimant, date claim occurred
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) I Magine Schook Non-Profit, Inc, 1900 Gallows Road, Suite 250
Vienna VA 22182
Clo 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

Traggine Schools Non-Profit, Dnc., Sole member

Signature of the Person Filing