(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/4/17

NAME:

LOILD INVESTMENTS LLC

TYPE OF FILING: NOTICE OF DISSOLUTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attalge

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Gene M. Burd

Printed Name of the Person Filing

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: Loild Investments LLC	
Document number of Limited Liability Company is: L08000027112	
Date of dissolution was: Dec. 29, 2016	
Description of information that must be included in a written claim:	
Name, address, phone number and email address of claimant.	
Description and amount of claim. The date(s) the transactions	
or events giving rise to the claim arose or occurred. Any other	
pertinent information and documentation concerning the claim.	
	17
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Attn: Loild Investments LLC - Dissolution Claims	JAN -4 AM
6495 Shiloh Road, Suite 410	₩ 10
Alpharetta, GA 30005	
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.	e

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