

LOS00000 31635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

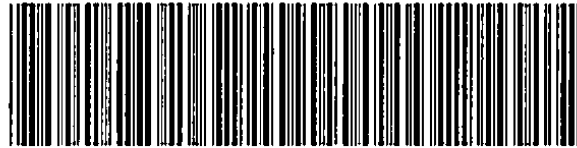
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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12/12/19--01001--029 **25.00

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DIVISION OF CORPORATIONS
19 DEC 12 PM 12:06

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D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHEELWORLD LLC

DOCUMENT NUMBER: 108000031635

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

Please return all correspondence concerning this matter to the following:

Joseph H Brown

(Name of Contact Person)

Blount Law, PL

(Firm/Company)

809 Walkerbilt Road, Suite 6

(Address)

Naples, FL 34110

(City/State and Zip Code)

19 DEC 12 PM 12:05

STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Joseph H Brown

at (239)

5924815

(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:

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: WHEEL WORLD LLC

Document number of Limited Liability Company is: L08000031635

Date of dissolution was: 12/31/2019

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

Account number, balance owed, name, address and telephone number of claimant.

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

Blount Law, PL


809 Walkerbilt Road, Suite 6

Naples, FL 34110

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.

Sabine Bene

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC 12 PM 12:06