

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	.
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	
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09/25/17--01034--034 **25.00



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: THE COCONUT BAR, LLC		
Occument number of Limited Liability Company is: L08000088402		 .
Date of dissolution was: _September 1, 2017		
Description of information that must be included in a written claim:		
Your name and address, the dollar amount of your cl	aim, the	
circumstances under which this claim arose, and any	written	<u> </u>
proof of your claim such as a contract or invoice.		
		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Cor	porations)	٠٠٠٠
THE COCONUT BAR, LLC		٠٦.
c/o Blaine H. Hibberd, P.A.	- :	-, 5 - 1
612 SE Central Parkway		: =
Stuart, FL 34994	_	ج <u>.</u> ن
		,

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

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.

Blaine H. Hibberd, Esq.