

208000113630

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STATE OF MISSISSIPPI

C. BRUMBLEY

MAR 29 2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ES SPECIAL ASSETS, LLC

**DOCUMENT NUMBER:** L08000113630

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

Please return all correspondence concerning this matter to the following:

Andrew T. Lavin, Esq.

\_\_\_\_\_  
(Name of Contact Person)

Lavin Law Group, P.A.

\_\_\_\_\_  
(Firm/Company)

2670 NE 215 Street

\_\_\_\_\_  
(Address)

Miami, Florida 33180

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew T. Lavin at ( 954 ) 967-2788  
\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br><small>(Additional copy is enclosed)</small> | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status & Certified<br>Copy <small>(Additional copy<br/>is enclosed)</small> |
|--|--|--|---|

**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

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: ES SPECIAL ASSETS, LLC

Document number of Limited Liability Company is: L08000113630

Date of dissolution was: January 24, 2022

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

1. The basis of the claim.  
\_\_\_\_\_
2. The name, address, email address, and telephone number of Claimant (and if applicable, Claimant's attorney).  
\_\_\_\_\_
3. The amount of the claim which is now due or if not currently due, the date when the claim will be due.  
\_\_\_\_\_
4. Whether the claim is contingent, liquidated, or unliquidated. Explain the basis if the claim is contingent or unliquidated.  
\_\_\_\_\_
5. Whether the claim is secured or unsecured. If secured, identify the nature of the security.  
\_\_\_\_\_


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

ES Special Assets, LLC  
\_\_\_\_\_  
C/O Andrew T. Lavin, Esq.  
\_\_\_\_\_  
Lavin Law Group, P.A.  
\_\_\_\_\_  
2670 NE 215 Street, Miami, FL 33180 - Tel.: 954-967-2788  
\_\_\_\_\_

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.

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FILED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

Scott E. Tuckman  
\_\_\_\_\_  
Printed Name of the Person Filing

  
\_\_\_\_\_  
Signature of the Person Filing