

L09000008375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/27/15--01012--011 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOTICE OF DISSOLUTION

DOCUMENT NUMBER: L 0900000 8375

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

Please return all correspondence concerning this matter to the following:

CYNTHIA PETITJEAN
(Name of Contact Person)

CYNTHIA M. PETITJEAN PC
(Firm/Company)

1306 THONOTOSASSA ROAD
(Address)

PLANT CITY FL 33563
(City/State and Zip Code)

For further information concerning this matter, please call:

CYNTHIA PETITJEAN at (813) 659-2020
(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:
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: CLEM'S CUSTOM MEATS LLC

Document number of Limited Liability Company is: LO9000008375

Date of dissolution was: DECEMBER 17, 2013

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

A WRITTEN CLAIM FILED HEREUNDER SHALL
INCLUDE THE NAME AND ADDRESS OF CLAIMANT, DATE
OF OCCURRENCE GIVING RISE TO CLAIM AND ANY
OTHER INFORMATION NECESSARY TO IDENTIFY
CLAIM.

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

LAUREL WILLIAMS
4011 CORDNET ROAD
PLANT CITY FL 33566

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

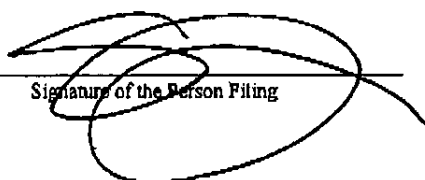
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CYNTHIA PETIBORN

Printed Name of the Person Filing



Signature of the Person Filing