

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(only-ordine zight none zight			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			
11 mils			
Office Use Only			



04/01/24--01048--020 **75.00



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Ovation Twins, LLC			
	(Name of Lim	ited Liability Company)		
The en	closed Articles of Dissolution and fee(s) are subm	itted for filing.		
Please .	return all correspondence concerning this matter t	o the following:		
	Adrienne Ashley			
	(Na	ame of Person)		
	Matthews & Jones, LLP			
(Firm/Company)				
	4475 Legendary Drive			
	(Address)			
	Destin, FL 32541			
	(City/S	tate and Zip Code)		
For furt	ther information concerning this matter, please cal	l:		
	Adrienne Ashley	850 837-3662		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed	d is a check for the following amount:			
[\$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	Mailing Address:	Street Address:		
Registration Section Division of Corporations		Registration Section		
	P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	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:
Document number of Limited Liability Company is:
Date of dissolution was: 3/21/2024
Description of information that must be included in a written claim:
1. Nature, amount and date of claim
2. Contact information of claimant 77 ST APR
APR
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1052 Antrim Glen Drive, Hoschton, GA 30548

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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Rick Hanson
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