

LOS 0000 76595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

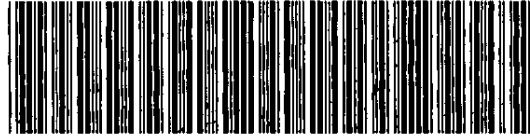
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/09/16--01025--025 **110.00

16 JUN -9 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

DOCUMENT NUMBER: L09000076595

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

Please return all correspondence concerning this matter to the following:

KIMBERLI D. DAWSON

(Name of Contact Person)

JEUNESSE GLOBAL

(Firm/Company)

701 INTERNATIONAL PARKWAY

(Address)

LAKE MARY, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLI DAWSON

(Name of Contact Person)

at **(308)** **325-7365**

(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: CELLTELLCONNECT, LLC

Document number of Limited Liability Company is: L09000076595

Date of dissolution was: 05/26/2016

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

EXACT NAME OF PARTIES INVOLVED IN THE ALLEGED CLAIM,
DETAILED DESCRIPTION OF THE ALLEGED CLAIM,
DATE YOU DISCOVERED THE EVENT CAUSING THE ALLEGED CLAIM,
AND THE ALLEGED AMOUNT OF THE ALLEGED CLAIM.

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

JEUNESSE GLOBAL
ATTN: ROBERT D. DAWSON
701 INTERNATIONAL PARKWAY
LAKE MARY, FL 32746

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.

KIMBERLI D. DAWSON

Printed Name of the Person Filing


Signature of the Person Filing