

L100000011579

(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



300289548963

08/28/16--01023--010 **25.00

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16 NOV - 7 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 9 2016

D. SCOTT

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2016

GLORIA HERMANDEZ
6487 STIRLING RD
DAVIE, FL 33314

SUBJECT: ILLUSION COIN LAUNDRY, LLC
Ref. Number: L10000011579

RECEIVED
2016 NOV -7 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ILLUSION COIN LAUNDRY, LLC and your ~~check(s) totaling \$25.00~~. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include written claim on Notice of Limited Liability Company Dissolution form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call ~~(850) 245-6051~~ 245-6936.

Dionne M Scott
Regulatory Specialist II

Letter Number: 316A00018507

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ILLUSION COIN LAUNDRY LLC

DOCUMENT NUMBER: L10000011579

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

Please return all correspondence concerning this matter to the following:

GLORIA HERMANDEZ

(Name of Contact Person)

ILLUSION COIN LAUNDRY LLC

(Firm/Company)

6487 STIRLING RD

(Address)

DAVIE, FLORIDA 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

GLORIA HERMANDEZ

(Name of Contact Person)

at (**754**)

(Area Code)

244-6569

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ILLUSION COIN LAUNDRY LLC

Document number of Limited Liability Company is: L10000011579

Date of dissolution was: 08/26/2016

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

Business Sold.

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

433 SW 86TH AVENUE APT 103

PEMBROKE PINES FL 33025

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.

GLORIA HERNANDEZ

Printed Name of the Person Filing

Gloria Hernandez
Signature of the Person Filing

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16 NOV - 7 PM 3:24
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TALLAHASSEE, FLORIDA