0000078538

(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:		
Umils		

Office Use Only



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03/15/24--01012--021 **25.00

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	REMARC SOLUTIONS LLC	
	(Name of Limited Liability Company)	
-+>1	potice of	Su. 10 - 10 -
	closed Articles of Dissolution and fee(s) are subm	
Please 1	return all correspondence concerning this matter t	o the following:
	VERONICA JOHNSON	
	(8)	ame of Person)
	Civil Advocacy Project, Inc.	
	(F	imt/Company)
	P.O.Box 100,	
		(Address)
	SAYRE, PA 18840	
	(City/S	State and Zip Code)
For furt	ther information concerning this matter, please ca	11):
	VERONICA JOHNSON	607 972-3599 at (
	(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclose	d is a check for the following amount:	
	Notice ■ \$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	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tananassec 1 (7 5 2 5 1 7	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: 3-1-2024
Description of information that must be included in a written claim:
ALL INFORMATION AVAILABLE REGARDING ANY CLAIM MUST BE INCLUDED WITH CLAIM.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
REMARC SOLUTIONS LLC
P.O.Box 100.
SAYRE, PA 18840

claim is commenced within 4 years after the filing of this notice.

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

Printed Name of the Person Filing

Signature of the Person Filing