

L11000000100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

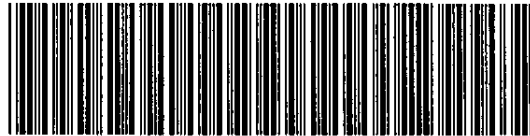
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200269218492

03/10/15--01008--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 10 PM 1:45

C.L.
4-1-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5714 19TH STREET LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN ELDRIDGE

(Name of Person)

(Firm/Company)

6737 CHENKIN RD

(Address)

ZEPHYRHILLS, FL 33542

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN ELDRIDGE

(Name of Person)

813

at ()

312-3310

(Area Code & Daytime Telephone Number)

Enclosed 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAR 10 PM 1:45

- Kevin D. Eldridge
Signature

Printed Name _____

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: This page is optional

15 MAR 10 PM 1:45

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: 5714 19TH STREET LLC

Document number of Limited Liability Company is: L11000000100

Date of dissolution was: 03/31/15

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

Name and address of claimant; basis for the claim; all documentation that supports the claim; Amount of claim; Date of event that gave rise to claim.

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

6737 CHENKIN RD

ZEPHYRHILLS, FL 33542

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.

KEVIN ELDRIDGE

Printed Name of the Person Filing

Kevin D. Eldridge
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00