## L11000096576

(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:				





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10/23/23--01029--020 \*\*25.00

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3 OCT 23 AM 9: 2

## **COVER LETTER**

	gistration Section vision of Corporations				
SUBJECT:	Naples Augusta Falls Lot 11 LLC				
(Name of Limited Liability Company)					
9					
	Articles of Dissolution and fee(s) are subm	Č			
lease return	all correspondence concerning this matter t	o the following:			
	Joseph H Brown, Esq.				
	(N:	ame of Person)			
	Blount Law PL				
	(Fi	im/Company)			
	809 Walkerbilt Rd Ste 7				
		(Address)			
	Naples FL 34110				
	(City/Si	tate and Zip Code)			
r turther inf	formation concerning this matter, please cal	l:			
Josep	oh H Brown	239 5924815 at ( )			
	(Name of Person)	(Area Code & Daytime Telephone Number	r)		
closed is a ch	eck 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)			
	ng Address:	Street Address:			
_	stration Section sion of Corporations	Registration Section Division of Corporations			
	Box 6327	The Centre of Tallahassee			
Talla	hassee, 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: Naples Augusta Falls Lot 11 LLC		
Document number of Limited Liability Company is: L11000096576		<del>_</del>
Date of dissolution was: 10112123		
Description of information that must be included in a written claim:		
Name and address of claimant, account/referene number and amount alleged	dly remaining owed on clair	-\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		23 O
		123 OCT 23
		二二·
		#F Co.
		20
Mailing address where claims can be sent: (Claims cannot be sent to t	he Division of Corporation	⇒ ons)
Blount Law Pl.		
809 Walkerbilt Rd Stc 7		
Naples, FL 34110		
	·····	
A claim against the above named limited liability company will be bacclaim is commenced within 4 years after the filing of this notice.	rred unless a proceeding	to enforce the
le l	Tainhaid ?	all may
Printed Name of the Person Filing	Signature of the Person Pili	ing J

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