

**L11000100441**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

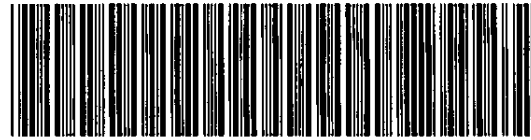
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600293935966**

01/10/17--01008--017 \*\*25.00

**FILED**

**2017 JAN 10 PM 3:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**K. SALY**

**JAN 12 2017**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MESCHE, LLC

**DOCUMENT NUMBER:** L11000100441

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

Please return all correspondence concerning this matter to the following:

LUIS ROSALES

(Name of Contact Person)

EXECUTIVE TAX SERVICE INC

(Firm/Company)

5931 NW 173 DRIVE STE 9

(Address)

MIAMI FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS ROSALES CPA at (954) 243-6742

(Name of Contact Person)

(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

**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: MESCHE, LLC

Document number of Limited Liability Company is: L11000100441

Date of dissolution was: 12/31/2016

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

Nature of claim with amount along with name, address, and  
telephone number.

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

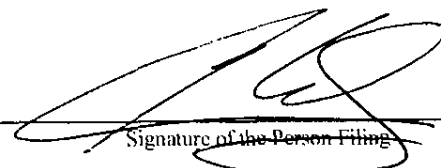
5931 NW 173 Drive Ste 9

Miami, FL 33015

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.

CLAUDIO A SCHENA

Printed Name of the Person Filing

  
Signature of the Person Filing

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

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2017 JAN 10 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA