

L11000103969

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(Requestor's Name)

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(Address)

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

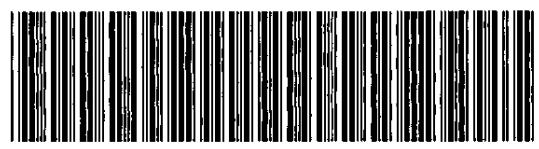
\_\_\_\_\_  
(Business Entity Name)

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

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

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Office Use Only



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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AM Precision Composites, LLC

**DOCUMENT NUMBER:** L11000103969

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

Please return all correspondence concerning this matter to the following:

Guy S. Haggard  
(Name of Contact Person)

Gray-Robinson, P.A.  
(Firm/Company)

301 East Pine Street, Suite 1400  
(Address)

Orlando, FL 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Guy S. Haggard at ( 407 ) 244-5605  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25 Filing Fee	<input type="checkbox"/> \$30 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**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

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: AM Precision Composites, LLC

Document number of Limited Liability Company is: L11000103969

Date of dissolution was: October 31, 2015

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

All claims must be in writing and mailed or delivered to Guy S. Haggard, Esq.

All claims must include a detailed description of the claim and the dollar amount. All claims must include invoices, contracts, promissory notes, or other documented proof of the claim. The claimant's full name, contact person, mailing address, email address, and phone number must be included.

All claims should be submitted as soon as possible.

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

Guy S. Haggard, Esq.

Gray-Robinson, P.A.

301 East Pine Street, Suite 1400

Orlando, Florida 32801

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TALLAHASSEE, FLORIDA

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.

Deena Mapple, Manager

Printed Name of the Person Filing

  
Signature of the Person Filing