

L12000112658

(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



900280209579

01/04/16--01034--025 **50.00

FILED
16 JAN -4 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 05 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BATHTRENDS OF AVENTURA, LLC

DOCUMENT NUMBER: L12000112658

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

Please return all correspondence concerning this matter to the following:

Shawn C. Snyder, Esq.

(Name of Contact Person)

Snyder & Snyder P.A.

(Firm/Company)

7931 SW 45 Street

(Address)

Davie, Florida 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Iliana Irizarry

(Name of Contact Person)

at (954)

(Area Code)

475-1139

(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

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: Bathtrends of Aventura, LLC

Document number of Limited Liability Company is: L12000112658

Date of dissolution was: 10/07/2015

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

Name, Address and Telephone Number

Amount of Claim

Description of Claim

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

Snyder & Snyder, P.A.

7931 SW 45 Street

Davie, Florida 33328

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.

Beatriz Cairo, Manager

Printed Name of the Person Filing

Signature of the Person Filing