

K12000161177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

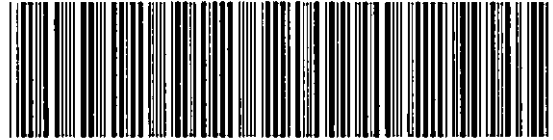
(Business Entity Name)

(Document Number)

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10/04/21--01019--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT -4 PM 1:51

FBI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIO, GUNDE, PETERS, RHODEN & KELLEY, L.L.C.

DOCUMENT NUMBER: L12000161177

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

Please return all correspondence concerning this matter to the following:

Andrea Wheeler, Esq.

(Name of Contact Person)

Wheeler Legal, PLLC

(Firm/Company)

6300 N. Wickham Road, Suite 130, #205

(Address)

Melbourne, FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Wheeler

at (321) 209-5995

(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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: MARIO, GUNDE, PETERS, RHODEN & KELLEY, L.L.C.

Document number of Limited Liability Company is: L12000161177

Date of dissolution was: 09/30/2021

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

Date of Claim

Type of Claim

Description of Claim

Claimant's Name and Contact Information

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

Barbara Peters

319 Riveredge Blvd., Ste. 107

Cocoa, FL 32922

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.

Barbara Peters

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