

L170000 2F461

(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



900263425519

08/20/14--01005--012 \*\*60.00

FILED  
14 SEP 22 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

623



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2014

SHANNON ALLEN  
PO BOX 217  
DAVENPORT, FL 33836-0217

SUBJECT: ALLEN LAW, LLC  
Ref. Number: L13000028461

We have received your document for ALLEN LAW, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 814A00017941



## Allen Law, LLC

"... at your service"

Shannon Allen, Esq.  
P.O. Box 217  
Davenport, FL 33836-0217  
[www.AllenLawLLC.org](http://www.AllenLawLLC.org)

Office: (863) 326-2651  
Personal: (407) 756-6156  
[sallen@AllenLawLLC.org](mailto:sallen@AllenLawLLC.org)

August 18, 2014

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

RE: LLC Dissolution

To Whom It May Concern;

The purpose of this letter is to provide notice that on August 17, 2014, Allen Law, LLC filed for dissolution online through [sunbiz.org](http://sunbiz.org), and requested a dissolution date of September 1, 2014.

Allen Law, LLC  
P.O. Box 217  
Davenport, FL 33836-0217

Please find enclosed:

- 1) the Registration Section's Cover Letter;
- 2) a copy of the Dissolution Online Filing confirmation; and
- 3) check #6084, in the amount of \$60.00 for filing fee, certificate of status, and certified copy.

If you need anything else from me in order to complete the dissolution of Allen Law, LLC, please let me know.

Sincerely,

Shannon Allen, Esq.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution of Allen Law, LLC

**DOCUMENT NUMBER:** L13000028461

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

Please return all correspondence concerning this matter to the following:

Shannon Allen, Esq.

(Name of Contact Person)

N/A

(Firm/Company)

P.O. Box 217

(Address)

Davenport, FL 33836-0217

(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon Allen, Esq.

(Name of Contact Person)

at ( 407 )

(Area Code)

756-6156

(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: Allen Law, LLC

Document number of Limited Liability Company is: L13000028461

Date of dissolution was: 9/1/2014

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

N/A

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

P.O. Box 217

Davenport, FL 33836-0217

FILED  
14 SEP 22 PM 5:01  
SECRETARY OF STATE  
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.

Shannon Allen, Esq.

Printed Name of the Person Filing



Signature of the Person Filing