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(1	Requestor's Name)	
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(,	Address)	
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	City/State/Zip/Phone #)	
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		<u> </u>
☐ PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
	Document Number)	
(I	Document Number)	
Certified Copies	Certificates of S	tatus
		
Special Instructions	to Filing Officer:	
Special instructions	to Fining Officer.	ļ
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Office Use Only



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notice of Dessolution

15/01/24--01022--/53 **25.00

A. RAMSEY OCT 14, 2024 FILED PHIZ 46

COVER LETTER

TO: Registration Section Division of Corporations

CEID III CT.	GE IRON DOORS, LLC		
DOCUMENT NUN	MBER:		
The enclosed Notice	e of Limited Liability C	Company Dissolution and	fee are submitted for filing.
Please return all cor	respondence concerning	this matter to the following	ng:
C. NICK ASMA			
	(Name of C	Contact Person)	
ASMA & ASMA, P.A.			
	(Firm	/Company)	•
884 S. DILLARD STR	EET		
	(Ad	dress)	<u> </u>
WINTER GARDEN, F	LORIDA 34787		
-	(City/State	e and Zip Code)	
For further informat	ion concerning this matt	er, please call:	
КАТНҮ		at ()656	5750
(Name of	Contact Person)		Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
■\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	☐S55 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 Limite	PRESTIGE IRON DOORS, LLC d Liability Company:
Document numb	per of Limited Liability Company is:
Date of dissolut	ion was: SEPTEMBER 25 , 2024
Description of i	nformation that must be included in a written claim:
CUSTOMER NA	IME
VENDOR NAM	E
ACCOUNT NU	MBER
DATE OF SERV	TICE/INCIDENT
DESCRIPTION	OF CLAIM
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations) 12525 WESTFIELD LAKES CIRCLE WINTER GARDEN, FLORIDA 34787
	the above named limited liability company will be barred unless a proceeding to enforce the claim is hin 4 years after the filing of this notice.
JUSTINE L. MA	CIEL Printed Name of the Person Filing Signature of the Person Filing