

L13000 074 228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

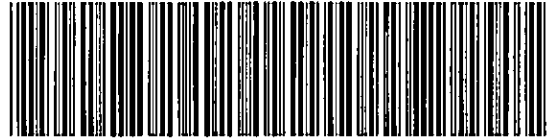
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/04/19--01020--024 **30.00

FILED
19 NOV -4 PM 3:44
Clerk of Court
Vermont

DEC - 1 2019
- SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dealercom, LLC

DOCUMENT NUMBER: L13000074228

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

Please return all correspondence concerning this matter to the following:

Taylor K. Wilkins

(Name of Contact Person)

Riggs Davie PLC

(Firm/Company)

201 Fourth Ave. North, Suite 1870

(Address)

Nashville, TN 37219

(City/State and Zip Code)

For further information concerning this matter, please call:

Taylor Wilkins

(Name of Contact Person)

at (615)

(Area Code)

690-4400

(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: Dealercom, LLC
Document number of Limited Liability Company is: L13000074228
Date of dissolution was: October 16, 2019

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

- Nature of Claim
- Date Claim Occurred
- Name of Claimant
- Forward Any Supporting Documentation to Address Below

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

138 Lands End Way
Jupiter, FL 33458

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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.

Michael Roscoe

Printed Name of the Person Filing

Michael Roscoe

Michael Roscoe (Oct 16, 2019)

Signature of the Person Filing