

L13000098993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

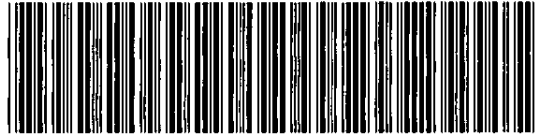
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800270593878

03/17/15--01025--008 \*\*25.00

FILED  
15 JUN 26 PM 4:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 25 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution of Amy Utsman, LLC.

**DOCUMENT NUMBER:** L13000098993

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

Please return all correspondence concerning this matter to the following:

Amy Utsman

(Name of Contact Person)

Amy Utsman, LLC.

(Firm/Company)

920 NE 74th Street

(Address)

Miami, FL 33138

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Utsman

954

449-3112

at ( )

(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:**

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: Amy Utsman, LLC

Document number of Limited Liability Company is: L13000098993

Date of dissolution was: \_\_\_\_\_

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

Dissolving Amy Utsman, LLC in Florida due to permanent move to Georgia

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
15 JUN 26 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Amy Utsman

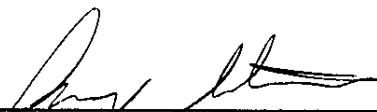
6302 Walton Way

Roswell, GA 30076

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.

Amy Utsman

Printed Name of the Person Filing



Signature of the Person Filing