

L13000410783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

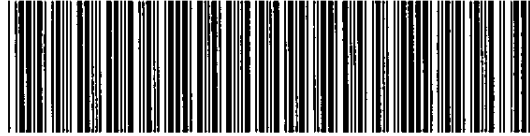
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG - 7 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND LOBSTER, LLC DISSOLUTION

DOCUMENT NUMBER: L13000110383

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

Please return all correspondence concerning this matter to the following:

JAVIER ARBOLAEZ

(Name of Contact Person)

ISLAND LOBSTER, LLC

(Firm/Company)

15818 SW 97TH TERRACE

(Address)

MIAMI, FL 33196

(City/State and Zip Code)

For further information concerning this matter, please call:

JAVIER ARBOLAEZ

(Name of Contact Person)

at **(786)**

(Area Code)

641 3376

(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: ISLAND LOBSTER, LLC

Document number of Limited Liability Company is: L13000110383

Date of dissolution was: 9/26/2014

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

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

15818 SW 97TH TERRACE
MIAMI, FL 33196

FILED
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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.

JAVIER ARBOLAEZ

Printed Name of the Person Filing

Signature of the Person Filing