

L13000153057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

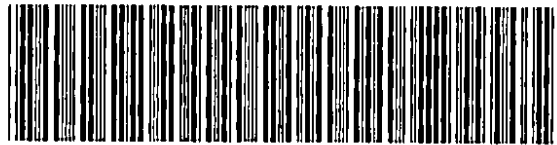
(Business Entity Name)

(Document Number)

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

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FILED - 15 APR 2015

2019 APR 15 AM 9:07

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOTICE OF DISSOLUTION FS 605.0712(1)(a)

**DOCUMENT NUMBER:** L13000153057

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

Please return all correspondence concerning this matter to the following:

CARLOS SOLIS

(Name of Contact Person)

TAP HOUSE HOLDINGS LLC

(Firm/Company)

201 LA VEREDA ROAD

(Address)

PASADENA, CA 91105

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS SOLIS

(Name of Contact Person)

at (626) 793-8334

(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: TAP HOUSE HOLDINGS LLC

Document number of Limited Liability Company is: L13000153057

Date of dissolution was: OCTOBER 8, 2019

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

NAME, ADDRESS, PHONE NUMBER, EMAIL ADDRESS, CONTACT PERSON; EXPLAIN IN DETAIL THE NATURE OF THE CLAIM, DATE CLAIM AROSE, HOW TAP HOUSE HOLDINGS LLC BREACHED A CONTRACT, COMMITTED A TORT, OR OTHER BASIS FOR THE CLAIM; AMOUNT CLAIMED; DETAIL DOCUMENTS SUPPORTING THE CLAIM; IDENTIFY PRIMARY WITNESSES SUPPORTING THE CLAIM

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

CARLOS SOLIS, 201 LA VEREDA ROAD,  
PASADENA, CA 91105

2019 OCT 15 AM 9:07

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.

CARLOS SOLIS

Printed Name of the Person Filing

Carlos Solis

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00