

L14000018297

(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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10/24/14--01023--008 **30.00

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14 OCT 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2014
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crovato Companies LLC

DOCUMENT NUMBER: L 14000018299

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

Please return all correspondence concerning this matter to the following:

Lita Crovato
(Name of Contact Person)

Crovato Co. LLC
(Firm/Company)

9591 SW Glenbrook Dr.
(Address)

Port St. Joe IN 46787
(City/State and Zip Code)

For further information concerning this matter, please call:

Lita Crovato at (502) 818 1918
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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: Crovato Companies LLC

Document number of Limited Liability Company is: L14000018299

Date of dissolution was: 10/1/14

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

We are dissolving this company due to error.
We will be re-filing as Lisa Crovato LLC

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

9591 SW Glenbrook Dr.
Port St. Lucie FL 34987

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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.

Lisa Crovato
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing