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(Requestor's Name)		
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(City/State/Zip/Phone	e #)	
(0.7) 0.000 2 p. 1000	,	
PICK-UP WAIT	MAIL	
	_	
(Business Entity Nan	ne)	
(Document Number)		
Certified Copies Certificates	of Status	
· ——		
Γ		
Special Instructions to Filing Officer:		
Notice of Desolution Articles of Dissolution filed Q. SILAS online		
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C. S	ILAS ONLINE	
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Office Use Only



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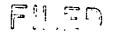
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## **COVER LETTER**

Registration Section Division of Corporations

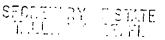
TO:

SUBJECT:  Guan Wu, LLC  (Name of Limited Liability Company)					
The enclosed A	Articles of Dissolution and fee(s) are submitted	l for filing.			
Please return a	Il correspondence concerning this matter to the	e following:			
	Nicholas G. Rossoletti, Esquire				
	(Name of Person)				
Bilu Law, P.A					
	(Firm/Company)				
	2760 W. Atlantic Boulevard				
	(Address)				
	Pompano Beach, Florida 33069				
	(City/State	and Zip Code)			
For further information concerning this matter, please call:					
	olas G. Rossoletti	954	596-0669		
	(Name of Person)	at ( (Area Code	& Daytime Telephone Number)		
Enclosed is a che	eck for the following amount:				
	Filing Fee and Certificate of Dissolution		e, Certificate of Dissolution & (additional copy is enclosed)		
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



## Notice of Limited Liability Company DissolutionEB -7 PM 1:03

## NOTE: This page is optional



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:	
Document number of Limited Liability Company is: L14000172891	
Date of dissolution was: January 31, 2022	
Description of information that must be included in a written claim:	
Name of Claimant, Amount of Claim, Date of Claim, Itemization of Products or Services relating to	the claim,
Any and all other identifying information for the claim	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpora	ations)
2760 W. Atlantic Boulevard	
Pompano Beach, Florida 33069	
<del></del>	

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.

Printed Name of the Person Filing

Signature of the Person Filing

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