

L15000055224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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10/23/23--01029--019 \*\*25.00

FILED  
2023 OCT 23 AM 9:30  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Little Island II LLC

\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph H Brown

\_\_\_\_\_  
(Name of Person)

Blount Law, PL

\_\_\_\_\_  
(Firm/Company)

809 Walkerbilt Rd Ste 7

\_\_\_\_\_  
(Address)

Naples, FL 34110

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph H Brown

2395924815

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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 Dissolution

**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: Little Island II LLC

Document number of Limited Liability Company is: L15000055224

Date of dissolution was: 10/11/23

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

Name and address of claimant, account/reference number and amount allegedly remaining due on claim

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

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

Blount Law PL

809 Walkerbilt Rd Ste 7

Naples, FL 34110

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.

Gerd Schaefer

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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

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TALLAHASSEE, FLORIDA