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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

JUL 23 2024

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCCIDENTAL INVESTMENTS GROUP, 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:

Robert W. Bivins

(Name of Person)

Bivins & Hemenway, P.A.

(Firm Company)

1060 Bloomingdale Avenue

(Address)

Valrico, FL 33596

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert W. Bivins

813

643-4900

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: OCCIDENTAL INVESTMENTS GROUP, LLC

Document number of Limited Liability Company is: LL15000073059

Date of dissolution was: July 5, 2024

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

(1) Claimant name, mailing address, telephone number, and facsimile number.

(2) Description of the nature and amount of the claim, together with copies of invoices and other supporting documentation.

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

OCCIDENTAL INVESTMENTS GROUP, LLC Post-Dissolution Claims

1060 Bloomingdale Ave.

Valrico, FL 33596

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.

Anthony Cruz, Manager

Printed Name of the Person Filing

Anthony Cruz

Signature of the Person Filing

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