

LS 000096172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
16 MAY -2 PM 4:55

MAY 03 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

*Dissolution*

**DOCUMENT NUMBER:** \_\_\_\_\_

*C 15000096172*

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

Please return all correspondence concerning this matter to the following:

*Nicolas Mazzoli*

(Name of Contact Person)

*Island Tile installers LLC*

(Firm/Company)

*5261 PIRd NW*

(Address)

*Bokelia FL 33904*

(City/State and Zip Code)

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For further information concerning this matter, please call:

*Nicolas Mazzoli*

(Name of Contact Person)

at (561)

(Area Code)

*625 1889*

(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: Island Tile Insulators LLC

Document number of Limited Liability Company is: L15000096172

Date of dissolution was: 3-30-16

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

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

5261 Pine Island Rd NW  
Bokeelia FL 33922

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.

Nick Marzoli  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing