

**L5000107992**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

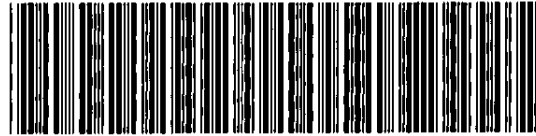
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
DEPARTMENT OF STATE  
17 APR 27 PM 3:28

FILED

17 APR 27 AM 8:37

O SIMMONS  
APR 28 2017

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO:** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE:** 4/27/2017

**PRIORITY:** Routine

**OUR REF. # (Order ID#):** 573113

**ORDER ENTITY:**  
ASP INSTITUTE LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

ASP INSTITUTE LLC (FL)

File the attached document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: FCA000000031

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in cursive script, appearing to read "Melissa", written in black ink.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## 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: ASP INSTITUTE LLC

Document number of Limited Liability Company is: L15000107992

Date of dissolution was: April 26 2017

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

The name, address and phone number of the claimant;

The amount of the claim;

The basis for the claim;

The date(s) on which the event(s) on which the claim is based occurred; and

Any documentation supporting the claim.

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

Jacob M. Wilson, Manager

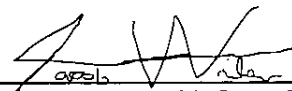
110 S. Matanzas Avenue

Tampa, FL 33609

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.

Jacob M. Wilson, Manager

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**