

L15 000115012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

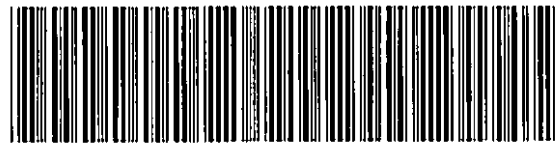
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/28/23--01011--010 **25.00

2023 APR 28 PM 2:45

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ck

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 700 Golden Beach, LLC

DOCUMENT NUMBER: L15000115012

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

Please return all correspondence concerning this matter to the following:

Eric A. Cruz

(Name of Contact 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:

Eric A. Cruz

(Name of Contact Person)

at (813)

(Area Code)

643-4900

(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:

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

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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: 700 Golden Beach, LLC

Document number of Limited Liability Company is: L15000115012

Date of dissolution was: April 20, 2023

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)

700 Golden Beach, LLC Post-Dissolution Claims

25168 Spartina Drive


Venice, FL 34293

2023 APR 28 PM 2:45

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.

Patricia Wilcinski, 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