

45000166410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

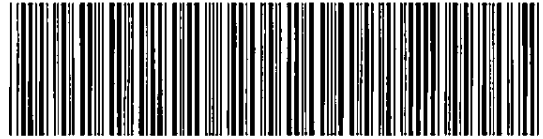
(Document Number)

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

Special Instructions to Filing Officer:

notice of Dissolution

Office Use Only



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07/08/25--01019--020 \*\*25.00

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2025 JUL -8 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Met  
8-26-2025

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Public Image Partners LLC

**DOCUMENT NUMBER:** L15000166410

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

Please return all correspondence concerning this matter to the following:

Dominic DeCesare, Esq.

(Name of Contact Person)

Foster & Fuchs, P.A.

(Firm/Company)

4425 Military Trail, Suite 109

(Address)

Jupiter, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Dominic DeCesare

at (561) 799-6797

(Name of Contact Person)

(Area Code)

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Public Image Partners, LLC

Document number of Limited Liability Company is: L15000166410

Date of dissolution was: 12/30/2024

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

The basis of the claim:

The name and address of the claimant and the name and address of the claimant's attorney, if any:

The amount of the claim:

Whether the claim is or is not contingent or unliquidated. If contingent or unliquidated, what is the nature of the uncertainty:

And whether the claim is or is not secured. If secured, what is the security interest?

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

Public Image Partners, LLC

4425 Military Trail, Suite 109

Jupiter, FL 33458

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TALLAHASSEE, FLORIDA

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.

Dominic DeCesare

Printed Name of the Person Filing



Signature of the Person Filing