

L16000038978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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01/09/2023 10:15:00 **15.00

FILED
2023 JAN 10 PM 12:46
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 320 NW 72 Ave LLC _____

DOCUMENT NUMBER: L16000038978 _____

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

Please return all correspondence concerning this matter to the following:

Joaquin Luaces

(Name of Contact Person)

320 NW 72 Ave LLC

(Firm/Company)

1172 S. Dixie Hwy #369

(Address)

Coral Gables, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Justin Hayek

(Name of Contact Person)

at (305) 794-2846

(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

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: 320 NW 72 Ave LLC

Document number of Limited Liability Company is: L16000038978

Date of dissolution was: July 13, 2022

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

Date of claim, description of claim, name of claimant, address of claimant, and phone number of claimant.

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TALLAHASSEE, FL

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

Joaquin Luaces

1172 S Dixie Hwy #369

Coral Gables, FL 33146

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.

Joaquin Luaces

Printed Name of the Person Filing

Signature of the Person Filing