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(Ř€	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## 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: Proline Marketing Group, LLC	
Document number of Limited Liability Company is: L16000160416	
Date of dissolution was: December 31, 2019	
Description of information that must be included in a written claim:	
Claimant's name, Claimant's address, Claimant's contact information,	
amount of the claim, and description of the basis of the claim.	
The claim must be in writing.	
A claim against this Company is barred unless an action to enforce	
the claim is commenced within four (4) years after filing of this Notice.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  7950 NW 155 Street, Suite 207, Miami Lakes, FL 33016	29/10 F. 5 10 F. C. C.
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.  Asdruval Gonzalez	
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