

L17 0000 26193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

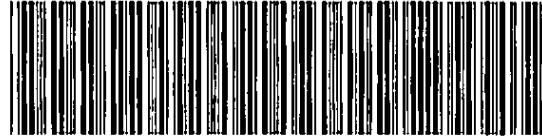
(Business Entity Name)

(Document Number)

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

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Office Use Only



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C. BRUMBLEY

MAR 29 2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PILT GROVE, LLC

**DOCUMENT NUMBER:** L17000026193

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

Please return all correspondence concerning this matter to the following:

Andrew T. Lavin, Esq.

\_\_\_\_\_  
(Name of Contact Person)

Lavin Law Group, P.A.

\_\_\_\_\_  
(Firm/Company)

2670 NE 215 Street

\_\_\_\_\_  
(Address)

Miami, Florida 33180

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew T. Lavin

\_\_\_\_\_  
(Name of Contact Person)

at ( <sup>954</sup> ) 967-2788

\_\_\_\_\_  
(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: PILT GROVE, LLC

Document number of Limited Liability Company is: L17000026193

Date of dissolution was: March 7, 2022

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

1. The basis of the claim.  
\_\_\_\_\_
2. The name, address, email address, and telephone number of Claimant (and if applicable, Claimant's attorney).  
\_\_\_\_\_
3. The amount of the claim which is now due or if not currently due, the date when the claim will be due.  
\_\_\_\_\_
4. Whether the claim is contingent, liquidated, or unliquidated. Explain the basis if the claim is contingent or unliquidated.  
\_\_\_\_\_
5. Whether the claim is secured or unsecured. If secured, identify the nature of the security.  
\_\_\_\_\_

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

PILT GROVE, LLC

C/O Andrew T. Lavin, Esq.

Lavin Law Group, P.A.

2670 NE 215 Street, Miami, FL 33180 - Tel.: 954-967-2788

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, 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.

Scott E. Tuckman

Printed Name of the Person Filing

Scott E. Tuckman

Signature of the Person Filing