## L170000 48674

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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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:	<del></del>
Document number of Limited Liability Company is:	
Date of dissolution was: August 2, 2021	
Description of information that must be included in a written claim:	
(1) Name, address, telephone number, and email address of claimant, (2) name, address, telephone number.	ephone number,
and email address of individual(s) knowledgeable about the claim, (3) the amount of the cla	im.
4) a statement explaining the basis for the claim, and (5) all documents supporting the claim	202
	PAS
Mailing address where claims can be sent: (Claims cannot be sent to the Division of	Corporations) 52
Brian J. Stack, Esq., Stack Fernandez & Harris, P.A., 1001 Brickell Bay Drive.	
Suite 2650, Miami, Florida 33131	
A claim against the above named limited liability company will be barred unless a p claim is commenced within 4 years after the filing of this notice.	proceeding to enforce the
Caryn Kearney (Caryn Le	7 hand 1.4
Printed Name of the Person Filing Signature of the	he Person Films

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00