

470000 78712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

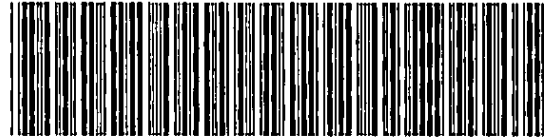
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 APR -3 PM 12:35

FILED

APR 11 2018  
T. LEMIEUX

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALM CITY CABINETS, LLC

**DOCUMENT NUMBER:** L17000078712

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

Please return all correspondence concerning this matter to the following:

Raymond G. Robison

(Name of Contact Person)

Fox McCluskey Bush Robison, PLLC

(Firm/Company)

3473 SE Willoughby Blvd.

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison at (772) 287-4444

(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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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: PALM CITY CABINETS, LLC

Document number of Limited Liability Company is: L17000078712

Date of dissolution was: 9/28/2018

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

Name and Address of Claimant

Amount of Claim

Whether Claim is Secured or Contingent

Detailed Description of Type of Claim

Date Claim Arose

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

3313 SW 42nd Ave.

Palm City, FL 34990

2019 APR -3 P 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Theresa Carr-Beditz, Authorized Person

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