

L17000 151458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

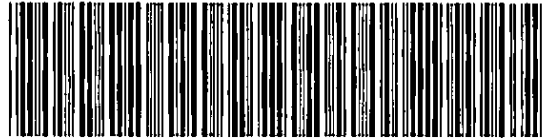
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUN 29 2020

FILED
2020 JUN 29 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
AUG 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOP SHELF AUTO DETAILING LLC

DOCUMENT NUMBER: L17000151458

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

Please return all correspondence concerning this matter to the following:

SANFORD TOPKIN

(Name of Contact Person)

TOPKIN & PARTLOW, P.L.

(Firm/Company)

1166 W NEWPORT CENTER DRIVE, STE 309

(Address)

DEERFIELD BEACH FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

SANFORD TOPKIN

at (954) 422-8422

(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:

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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: TOP SHELF AUTO DETAILING LLC

Document number of Limited Liability Company is: L17000151458

Date of dissolution was: JUNE 17, 2020

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

ALL CLAIMS MUST BE MADE IN WRITING AND INCLUDE THE CLAIM AMOUNT, BASIS AND ORIGINATION

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

DWAYNE DOUGLAS

1586 NW 85TH DRIVE

CORAL SPRINGS, FL 33071

SECRETARY OF STATE
TALLAHASSEE, FL

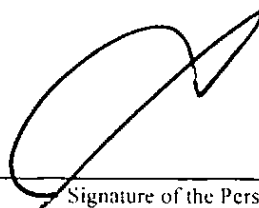
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

SANFORD TOPKIN

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