

L17 00020²309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

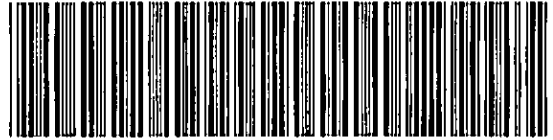
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/21--01034--019 **25.00

2021 JUN 28 PM 2:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Your Strategists, LLC

DOCUMENT NUMBER: L17000202309

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

Please return all correspondence concerning this matter to the following:

Karen Bowden

(Name of Contact Person)

Abel Bean Law, PA

(Firm/Company)

100 N. Laura Street, Suite 501

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Bowden

at (904) 944-4100

(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

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: Your Strategists, LLC

Document number of Limited Liability Company is: L17000202309

Date of dissolution was: June 23, 2021

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

Name and address of claimant, description and basis of claim, date of claim, amount of claim, and any supporting documentation substantiating claim

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

Deborah Shapiro

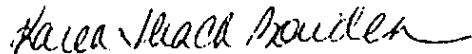
10004 Haley Road

Jacksonville, FL 32257

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.

Karen Ibach Bowden

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