

L18 000089249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

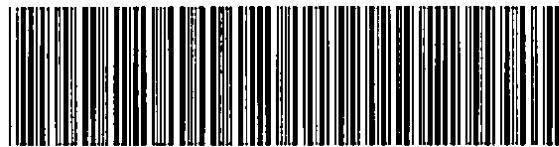
(Document Number)

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FILED  
2021 JUN -2 AM 6:20  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1963 Trust 211 Ocean Terrace LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Breslow, Esquire

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

Heckscher, Teillon, Terrill & Sager, P.C.

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

1001 Conshohocken State Road, Suite 1-300

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

West Conshohocken, PA 19428

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

For further information concerning this matter, please call:

Michael A. Breslow

610

940-4185

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

at (

\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
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

**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: 1963 TRUST 211 OCEAN TERRACE LLC

Document number of Limited Liability Company is: L18000089249

Date of dissolution was: May 18, 2021

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

Name, address and telephone number of claimant; (b) amount of claim, including, if applicable, principal, interest, penalties, or other fees or charges; (c) a statement of the basis for the claim; (d) a copy of any and all writings evidencing the claim or upon which the claim is based; (e) a statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

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

1963 Trust 211 Ocean Terrace LLC

1800 Byberry Road, Suite 1100

Huntingdon Valley, PA 19006

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.

Rowland M. Smith III

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**

2021 JUN -2 AM 6:20  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS