

L18000199918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

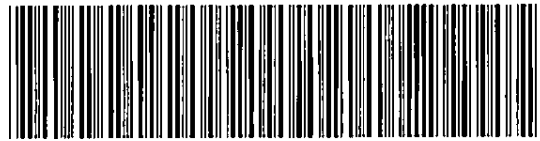
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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02/16/23--01012--001 **25.00

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2023 FEB 16 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS

APR 29 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & L FOX LLC

DOCUMENT NUMBER: 118000199918

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

Please return all correspondence concerning this matter to the following:

GARY MANDEL

(Name of Contact Person)

MANDEL ACCOUNTING & TAX SERVICES INC

(Firm/Company)

10811 LISBON STREET

(Address)

COOPER CITY, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY MANDEL

(Name of Contact Person)

at (954)
(Area Code)

558-8727

(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: A & L FOX LLC

Document number of Limited Liability Company is: L18000199918

Date of dissolution was: 12/31/22

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

OWNER HAS RETIRED

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

3562 WEST TREETOPS COURT

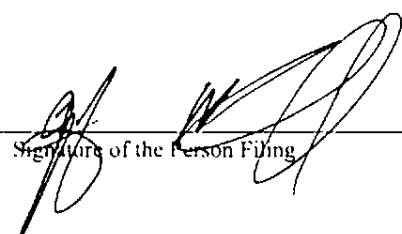
DAVIE, FL 33328

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TALLAHASSEE, FLORIDA

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.

GARY MANDEL

Printed Name of the Person Filing


Signature of the Person Filing