## L18000 Z050 18

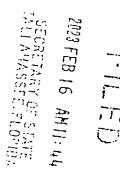
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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02/16/20--01011--020 \*\*29.00



A. RIVERS APR 2 9 2023

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:				
DOCUMENT NUM	BER: <i>L180002</i> 6	5018		
The enclosed Notice	of Limited Liability C	Company Dissolution and	I fee are submitted for filing.	
Please return all corre	espondence concerning	this matter to the followi	ng:	
	Tell	a Dus		
	(Name of C	Contact Person)		
	Oliva	thi Rentals 403 LL	C	
	(Firm.	/Company)		
	255	Victoria Dr		
	(Ad	Victoria Dr dress)		
	Dester	MI 48130		
	(City/State	MT 48130 e and Zip Code)		
For further information	on concerning this matt	er, please call:		
Jeffry	Davis	at ( 239 ) 29	7 -1385 Daytime Telephone Number)	
(Name of (	Contact Person)	(Area Code)	Daytime Telephone Number)	
Enclosed is a check for	or the following amoun	t:		
₹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:		Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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: Oliveth Kentals 403 LLC
Document number of Limited Liability Company is: <u>L18000 265 018</u>
Date of dissolution was: 02 08 1023
Description of information that must be included in a written claim:
27.23 T.
BB F
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Denter, MI 48130
11enes, 11-98150
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim
commenced within 4 years after the filing of this notice.
Jerry Dovis
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