

# L18000205030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

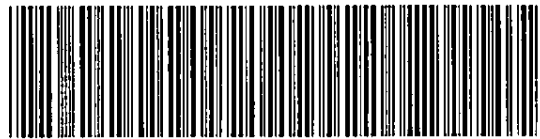
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



300402722103

02/16/29--01011--022 \*\*25.00

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2023 FEB 16 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FL 32307

A. RIVERS

APR 29 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** L18000205030

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

Please return all correspondence concerning this matter to the following:

Jeffrey Davis  
(Name of Contact Person)

Olivetti Rentals 303 LLC  
(Firm/Company)

255 Victoria Dr  
(Address)

Dexter, MI 48130  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Davis at ( 235 ) 247-1385  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy<br>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: Olivetti Rentals 303 LLC

Document number of Limited Liability Company is: L18000205030

Date of dissolution was: 02/08/2023

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

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2023 FEB 16 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

255 Victoria Dr  
Dexter, MI 48130

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.

Jeffrey David

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing