### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: MORRIS A. LECOMPTE, P.A.

Account Number : 072100000461

Phone

: (727)896-1000

Fax Number

: (727)896-1009

#### LLC DISSOLUTION OR WITHDRAWAL ABOLTON ENGINEERING CONSULTANTS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company	y is	-	
Abol	ton Engineering Consultants, LL	C	
The Articles of Organization were filed	on09/05/2018	and assigned	
document numberL18000210785		-	
The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block does fisted as the document's effective date on the second s	e prior to or more than 90 days later	than date document is received for filing)	be
A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.07	d in the limited liability comp 707 on back cover letter).	any's dissolution pursuant to section	
		-	
·		SE TALL	
C	Consent of all Members	PAPR 2	•
If there are no members, enter the name	and address of the person apr	pointed to wind up the company's	•
activities and affairs:		11 C	;
		987 97 1966 <b>97</b>	
<u>.</u>			
Signature of an authorized person or if the company's activities a	here are no members, the sign and affairs:	ature of the person appointed and list	æd
avar Dillensager	Lamer W. D	illenseger, Member/Manager	
Signature		Printed Name	

**FILING FEE: \$25.00** 

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## 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 Lizbility Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Abolton Engineering Consultants, LLC
Document number of Limited Liability Company is: L18000210785
Date of dissolution was: 4 27 2020
Description of information that must be included in a written claim:
See notice requirements attached hereto and incorporated herein by this reference.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Abolton Engineering Consultants, LLC
c/o Morris A. LeCompte, P.A.
5245 Central Avenue
St. Petersburg, FL 33710
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.
Lamar W. Dillensøger, Member/Manager  Printed Name of the Parase Silication  Canan Dillensøger
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

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#### NOTICE REQUIREMENTS

## (Attachment to Notice of Limited Liability Company Dissolution)

- Provide the name, mailing address, and telephone number of the claimant and the claimant's account number, if any.
- Provide the legal theory upon which claimant seeks recovery, e.g., breach of contract, tort, etc.
- State all relevant facts that support the claim.
- 4. If the claim involves personal injury or property damage:
  - (a) State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, provide the beginning date and the most recent date it occurred.
  - (b) Describe the specific damage or injury that you believe resulted from the incident.
  - (c) Explain the circumstances that led to the damage or injury.
  - (d) Provide the total dollar amount being claimed. If claimant believes the damages are continuing, or anticipated in the future, provide the basis for such belief.
  - (e) Explain why the claimant believes the company is responsible for the damage or injury.
- 5. Provide true and complete copies of all relevant documents that form the basis of such claim, and if not available, provide an explanation. If the claim involves goods sold, services performed, money loaned or other commercial transaction, provide true and complete copies of any promissory note, purchase order, invoice, itemized statements of running accounts, court judgments, mortgages, security agreements, evidence of lien perfection, and other documents and instruments forming the basis of such claim.
- 6. Specify whether or not the claimant has made a claim against anyone else in connection with any matter related to the incident giving rise to this claim, and provide the names and addresses of all persons and insurance companies against whom claimant has made such claims.
- 7. Specify whether any of the claimed damages, losses, expenses or other amounts claimed are covered by any policy of insurance. For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.
- State whether or not claimant received or agreed to receive any money from anyone for the damages claimed in the claimant's notice. If so, provide complete details.