

L19 0000026365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

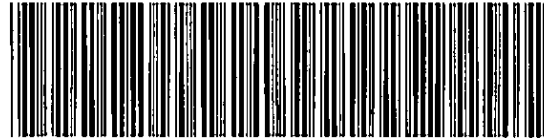
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700380067747

2022 JUN 24 PM 3:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Katy & Company, LLC

DOCUMENT NUMBER: L19000026365

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

Please return all correspondence concerning this matter to the following:

Mark Martella, Esq.

(Name of Contact Person)

Dellutri Law Group, PL

(Firm/Company)

18501 Murdock Circle, Ste. 304

(Address)

Port Charlotte, FL 33948

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Martella

at (941)

206-3700

(Name of Contact Person)

(Area Code)

(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: Katy & Company, LLC

Document number of Limited Liability Company is: L19000026365

Date of dissolution was: 12/1/2021

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

1. Name, address, phone number and e-mail address of Creditor and contact person.

2. Description of services or products provided with dates.

3. Amounts alleged to be owed.

4. Copies of all invoices.

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

Sheila Bell

13469 Markham Avenue

Port Charlotte, FL 33953

2022 JUN 24 PM 3:16

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.

Sheila Bell, Manager

Printed Name of the Person Filing

Sheila Bell

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00