

L19000066403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

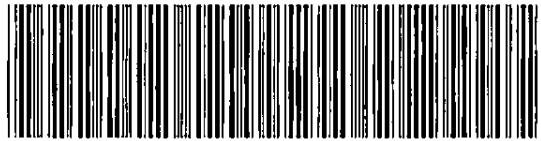
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 16 2024

Office Use Only



700434517837

08/09/24--01011--008 **25.00

FILED
2024 AUG -9 PM 12:50
CLERK OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Key Energy, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chase Wilde

(Name of Person)

Parr Brown Gee and Loveless

(Firm/Company)

101 S 200 E suite 700

(Address)

Salt Lake City, UT 84111

(City/State and Zip Code)

For further information concerning this matter, please call:

Chase Wilde

(Name of Person)

801

499-6813

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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

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

Name of Limited Liability Company: Atlantic Key Energy, LLC

Document number of Limited Liability Company is: L19000066403

Date of dissolution was: 11/07/2023

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

Full name and contact information of the claimant; Detailed description of the nature of the claim, including dates and events that led to the claim; the amount being claimed; any supporting documents, such as contracts, receipts, or other documents; name and contact of claimants attorney, if any; how and where the claimant expects to receive payment if the claim is approved; and signature of claimant or representative of claimant.

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

Attn: Chase Wilde

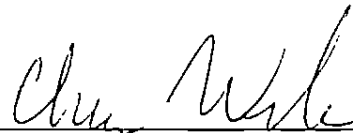
101 S 200 E, Suite 700

Salt Lake City, UT 84111

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.

Chase Wilde

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

FILED
2024 AUG -9 PM 12:50
CLERK OF DISTRICT COURT
STATE OF FLORIDA