

L19000158552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

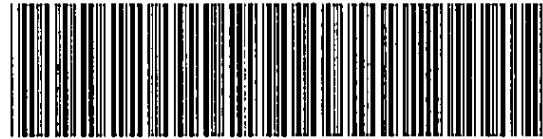
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/11/22--01024--004 **25.00

22 OCT 11 AM 5:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POSTMARK COFFEE ROASTERS, LLC

DOCUMENT NUMBER: L19000158552

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

Please return all correspondence concerning this matter to the following:

JACQUELINE M. DURHAM, ESQ.

(Name of Contact Person)

KOONTZ & ASSOCIATES, PL

(Firm/Company)

1613 FRUITVILLE RD.

(Address)

SARASOTA, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE DURHAM

at (941) 225-2615

(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

22 OCT 11 AM 5:00

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: POSTMARK COFFEE ROASTERS, LLC

Document number of Limited Liability Company is: L19000158552

Date of dissolution was: 04/29/2022

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

(i) creditor or claimant name, account or vendor number (if applicable); (ii) date of order, transaction, or occurrence resulting in claim; (iii) outstanding balance due to creditor or claimant (including interest and fees, if applicable); (iv) copy of contract or other summary of terms between Company and creditor/claimant; (v) copy of invoice from creditor or claimant for subject claim (if applicable); (vi) contact information for creditor or claimant, including telephone number, email, mailing address and designated manager or officer of creditor with authority to discuss claim.

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

1613 FRUITVILLE RD.

SARASOTA, FL 34236

22 OCT 11 AM 5:00

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.

JACQUELINE M. DURHAM

Printed Name of the Person Filing

Jacqueline Durham

Signature of the Person Filing

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