

L19000 224 360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

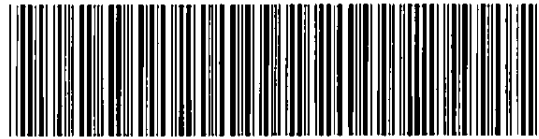
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 20 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEUMANN EMERGENCY SERVICES, LLC

DOCUMENT NUMBER: L19000224360

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

Please return all correspondence concerning this matter to the following:

Gavin D. Magaziner, Esq.

(Name of Contact Person)

Magaziner Law, P.A.

(Firm/Company)

1703 N. McMullen Booth Rd., #971

(Address)

Safety Harbor, Florida 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Odom

at (813)

997-6758

(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

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2024 MAR 20 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FL

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: NEUMANN EMERGENCY SERVICES, LLC

Document number of Limited Liability Company is: L19000224360

Date of dissolution was: March 14, 2024

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

The name and address of the claimant, the date of contract for services, the address of the property where the work was

was performed, the date the work was performed, the nature of the claim, and the amount of damages sought must be

included in a written claim. The claim must be in writing and delivered to 30427 COMMERCE DRIVE, SAN ANTONIO,

FL, 33576. BE ADVISED: a claim against NEUMANN EMERGENCY SERVICES, LLC, is barred unless an action

enforce the claim is commenced within 4 years after the filing of the notice.

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

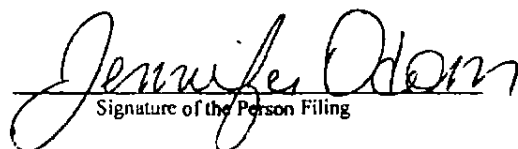
Original (only) to: 30427 Commerce Dr., San Antonio, FL, 33576

Copies (only) to: 1703 N. McMullen Booth Rd., #971, Safety Harbor, FL, 34695

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.

Jennifer Odom, AMBR

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