

L19000 280 919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

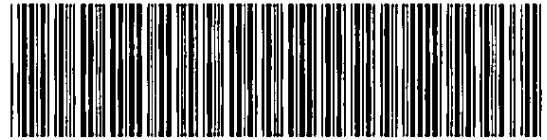
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/19--01019--016 **60.00

2019 DEC 19 AM 10:24

R. WHITE

JAN 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citrus Park-Trost International, LLC

DOCUMENT NUMBER: L19000280919

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

Please return all correspondence concerning this matter to the following:

Sarah Grieb

(Name of Contact Person)

Roetzel & Andress, LPA

(Firm/Company)

850 Park Shore Drive - Third Floor

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Grieb

(Name of Contact Person)

at (239)
(Area Code)

649-6200
(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

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: CITRUS PARK-TROST INTERNATIONAL, LLC

Document number of Limited Liability Company is: L19000280919

Date of dissolution was: 12/17/19

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

Name and address of claimant, description of the nature of the claim, and amount of the claim.

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

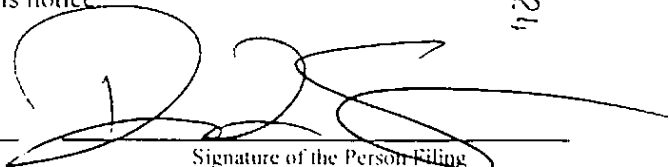
Roetzel & Andress, LPA, c/o Michael S. Yashko, 850 Park Shore Drive, Third Floor,

Naples, Florida 34103

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.

Dennis Swan

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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