

L20 000 154 814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

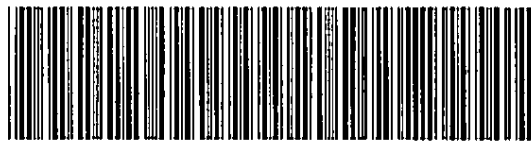
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/16/23--01005--025 **25.00

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Sprucey Mama's LLC

DOCUMENT NUMBER: L20000154814

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

Please return all correspondence concerning this matter to the following:

Tiffany Horan

(Name of Contact Person)

Sprucey Mama's

(Firm/Company)

1307 Edenfield Dr

(Address)

Fort Walton Beach Florida 32547

(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Horan

at (850) 420-8116

(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: Sprucey Mama's LLC

Document number of Limited Liability Company is: L20000154814

Date of dissolution was: 10/1/2022

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

Company Name

Reason for claim

Date of claim

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

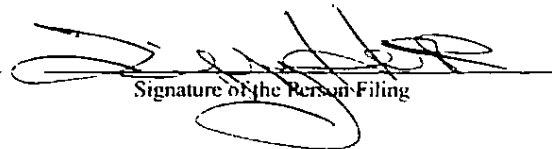
1307 Edenflid Dr

Fort Walton Beach, Florida 32547

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.

Tiffany Horan

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