L20000207131

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	-
,–,	,	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2024

CSC

SUBJECT: ASHCOMM CANADA LLC

Ref. Number: L20000207731



We have received your document for ASHCOMM CANADA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of the filing of the dissolution must be same as the dissolution date:

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 124A00001161

2024 JAN 24 AM 11:31

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 271475 4303940 AUTHORIZATION : Housellesson			
COST LIMIT : \$35-00			
ORDER DATE : January 17, 2024 ORDER TIME : 1:43 PM ORDER NO. : 271475-015		2	
CUSTOMER NO: 4303940	:	024 J	• ;
DOMESTIC FILINGS NAME: ASHCOMM CANADA LLC	7.2	2024 JAN 81 18 AN 8: 40	-:
XX ARTICLES OF DISSOLUTION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Eyliena Baker - EXT#			
EXAMINER'S INITIALS:			

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:	
Document number of Limited Liability Company is: L20000207731	
Date of dissolution was: <u>January 18, 2024</u>	. 6
Description of information that must be included in a written claim:	HALL A
Name of claimants, date of claim, event giving rise to the claim, amount claimed, and name, address and	1.
telephone number to whom the company should reply regarding the claim.	
	7.3
	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations))
Stephen R. Calkins	
1670 E. 8th Ave.	
Tampa, Florida 33605	
A claim against the above named limited liability company will be barred unless a proceeding to e claim is commenced within 4 years after the filing of this notice.	nforce the
Stephen R. Calkins	
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