# L22000145196

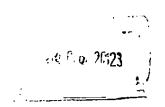
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
MAR 0 6 2023					
BY:					

Office Use Only



400403763824

ao ao 4.5 - 01809 -614 - ¥¥30,98



2023 JUN - 2 PM 3: 43

### **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: BEATRICE E REIMAN L. L. C.							
(Name of Limited Liability Company)							
The enclosed Articles of Dissolution and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
BEATRICE REI	MAN of Person)						
1671 KOCKFORD KOAD							
(Firm/Company)							
(Address)							
BONTON BEACH, FL, 3347Z.							
For further information concerning this matter, please call:							
BEATRICE REIMAN a. 561, 702-1878							
(Name of Person)	(Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:							
☐ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						
Mailing Address:	Street Address:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee						

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2023 JUH - 2 PM 3: 43

1. The name of a	limited liability compar ATRICE :	iy.is REMAN	I L.L.C.	
2. The Articles o	f Organization were file	2 21	-2022	and assigned
document nun	ber <u>LZ2000</u>	145196		2-28-2023
Note: If the da		be prior to or more than toos not meet the applic	90 days later than date of able statutory filing t	document is received for filing) requirements, this date will not be
4. A description 605.0707, Flor	of occurrence that result da Statutes, (copy 605.0	ed in the limited liat 1707 on back cover l	oility company's dis letter).	ssolution pursuant to section
No A	CINITY SIN	VCE INCE	PHON	
5. If there are no activities and a	ワン	THE AND AND PORT OF THE PROPERTY OF THE PROPER	person appointed to REIMAN KFORD KACHFL	o wind up the company's  OAD.  33472
<ol><li>Signature of a above to wind up</li></ol>	authorized person or if the company's activities	there are no members and affairs:	ers, the signature of	the person appointed and listed
Destrice	Signature		BEATRIC Printed	EE REIMAN

**FILING FEE: \$25.00** 

### 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: BEATRICE Document number of Limited Liability Company is:\_ Date of dissolution was: 2-28-23 Description of information that must be included in a written claim: TIVITY SINCE INCEPTION Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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

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.