

L22 000 199648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

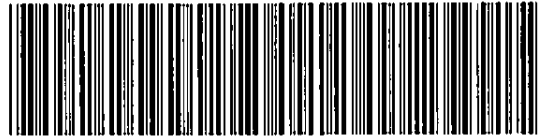
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900404132639

03/08/23--01612--020 **25.00

FILED

2023 MAR -8 PM 2:24

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Disolution of Florida LLC

DOCUMENT NUMBER: L22000199648

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

Please return all correspondence concerning this matter to the following:

Kara Edgar

(Name of Contact Person)

Drummer Pools, llc

(Firm/Company)

5678 Whitehead St

(Address)

Bradenton, FL 34203

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kara Edgar

at (406)

5500893

(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: Drummer Pools LLC

Document number of Limited Liability Company is: L22000199648

Date of dissolution was: 12/31/2022

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

Business was a loss, I moved to UT, need to dissolve company.

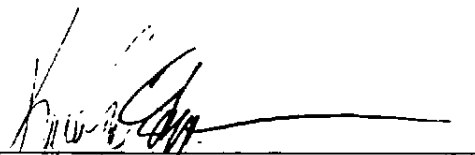
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1794 W Brooke St, Lehi UT 84043

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.

Kara Edgar

Printed Name of the Person Filing


Signature of the Person Filing

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TALLAHASSEE, FL