

L22000318010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

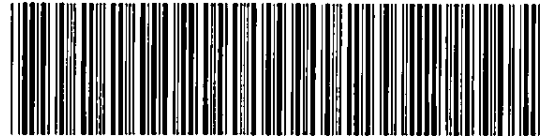
(Document Number)

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04/01/24--01049--020 **75.00

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2024 APR -1 AM 9:33
TAMPA, FL 33602

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PS 30 COM LLC

(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:

Adrienne Ashley

(Name of Person)

Mathews & Jones, LLP

(Firm/Company)

4475 Legendary Drive

(Address)

Destin, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Adrienne Ashley

(Name of Person)

850

837-3662

at (

_____) _____
(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:

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: PS 30 COM LLC

Document number of Limited Liability Company is: L22000318010

Date of dissolution was: 3/21/2024

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

1. Nature, amount and date of claim

2. Contact information of claimant

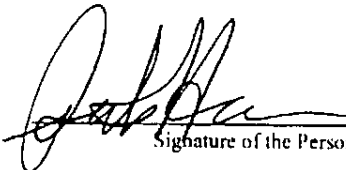
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1052 Antrim Glen Drive, Hoschton, GA 30548

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.

Rick Hanson

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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TALLAHASSEE
SECRETARY OF STATE

FILED