

L22 000 389 430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

11/21/24--01016--003 **25.00

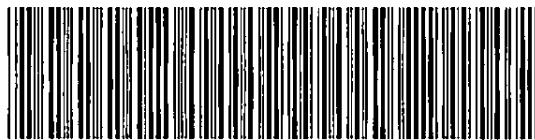
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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24 NOV 21 PM 5:48
FLORIDA
STATE
ATTORNEY GENERAL
OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Daleywear Uniforms, 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:

Ingrid Daley
(Name of Person)

Daleywear Uniforms, LLC
(Firm/Company)

581 SW Halcott Ave
(Address)

Port St. Lucie FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

Ingrid Daley at (561) 215 - 3615
(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:
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: Ingrid Daleywear Uniform

Document number of Limited Liability Company is: L 22 600 3894 30

Date of dissolution was: _____

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

no known description at this time

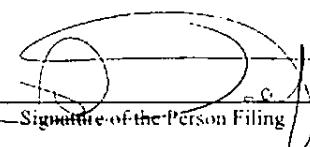
REC'D
FLA. DIVISION
OF CORP.
10/21/2021
5:13 PM
FILED

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

581 SW Halkell Ave
Port St. Lucie FL 34953

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.

Ingrid Daley
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