

L23000014073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

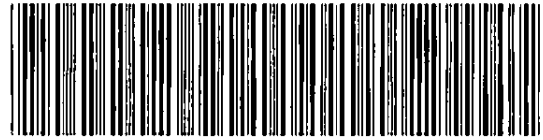
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/03/24--01016--017 **25.00

11/5/24
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K. Hester 11/5/24

2024 NOV - 1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of Dissolution of LLC - CAR + R 1 LLC

DOCUMENT NUMBER: L23000014073

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Kevin Swain
CAR - R 1 LLC
117 Ivydale Manor Drive
Deland, FL 32724

For further information concerning this matter, please call:

Kevin Swain at (203) (824-6227)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25 Filing Fee	<input type="checkbox"/> \$30 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: **CAR + R 1 LLC**

Document number of Limited Liability Company is: **L23000014073**

Date of dissolution was: **August 28, 2024**

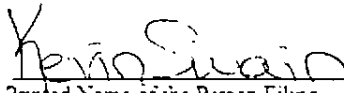
Description of information that must be included in a written claim:


1. **Claimant's Contact information**, including full name, current address, phone number, and email address.
2. **Description of the Claim**, including the nature of the claim and the date of occurrence.
3. **Amount of the Claim**
4. **Supporting Documentation** (e.g., copies of invoices, bills, statements, contracts, or receipts)

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

CAR + R 1 LLC
117 Ivydale Manor Drive
Deland, FL 32724

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.


Printed Name of the Person Filing


Signature of the Person Filing

FILED
2024 NOV - 1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FL

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