

L23000266800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

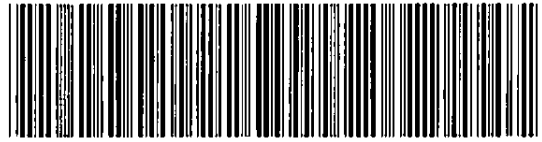
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR -3 PM 6:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 300 Buttercup Way LLC

DOCUMENT NUMBER: L23000266800

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

Please return all correspondence concerning this matter to the following:

John Reddall

(Name of Contact Person)

Kretsch Law Office, PLLC

(Firm/Company)

17850 Kenwood Trail, Suite 219

(Address)

Lakeville, MN 55044

(City/State and Zip Code)

For further information concerning this matter, please call:

John Reddall

(Name of Contact Person)

at (952)
(Area Code)

831-3910

(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: 300 Buttercup Way LLC

Document number of Limited Liability Company is: L23000266800

Date of dissolution was: 03/26/2024

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

Dates of any underlying liability, copies of any agreements or documents relating to the claim, the basis of the claim
the amount of the claim, a breakdown of interest and principal (if applicable), where payment may be made,
any terms applicable to the claim, and any other information necessary to review and process the claim.

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

Thomas Howe

4151 Gulf Shore BLVD N

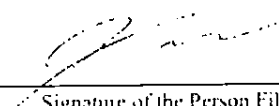
#1701

Naples, FL 34103

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.

John Reddall, Attorney

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, FLORIDA