

L97000000486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

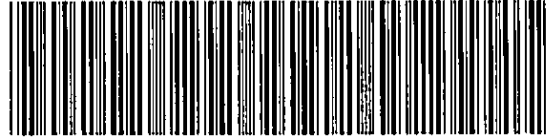
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2022 JAN 11 PM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 11 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv<sup>o</sup>

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/11/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 987960

**ORDER ENTITY**

LAKE WORTH MERCHANDISE MART, L.C.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**LAKE WORTH MERCHANDISE MART, L.C. ( FL )**

File the attached dissolution document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## 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: LAKE WORTH MERCHANDISE MART, L.C.

Document number of Limited Liability Company is: L97000000486

Date of dissolution was: December 27, 2021

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

NAME OF CLAIMANT, CONTACT INFORMATION OF THE CLAIMANT, THE BASIS FOR THE CLAIM,

THE SOCIAL SECURITY NUMBER, TIN OR EIN OF THE CLAIMANT, THE AMOUNT OF THE CLAIM,

WHETHER THE CLAIM IS CONTINGENT OR UNLIQUIDATED, AND WHETHER THE CLAIM IS SECURED.

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

200 South Biscayne Boulevard, Suite 4100 (J9B)

Miami, Florida 33131

2022 JAN 11 09:00:00

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.

Jeffrey D. Butensky, Authorized Person



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**