

L12000118051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

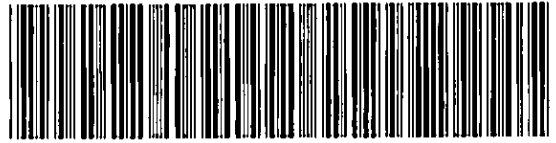
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2021 JUN 15 AM 9:12
2021 JUN 15 AM 11:45

JUN 17 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 863342 7340056

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : June 14, 2021

ORDER TIME : 4:54 PM

ORDER NO. : 863342-010

CUSTOMER NO: 7340056

DOMESTIC FILINGS

NAME: PALMITA LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALMITA, 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:

JULIEN BIGAN

(Name of Person)

ICORA, INC

(Firm/Company)

2019 NW 89th PL

(Address)

Doral , FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

ROMANO COUTROT

(Name of Person)

929

360 6622

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
PALMITA LLC

2. The Articles of Organization were filed on 09/14/2012 and assigned
document number L12000118051

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).
The consent of all the members.

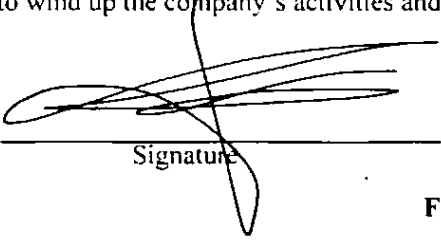
The consent of all the members.

The consent of all the members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

11 9 12
FILED
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6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

JULIEN BIGAN

Printed Name

FILING FEE: \$25.00