L00 000005942

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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03/04/21--01025--003 **30.00

2021 Marsh PH 12::07

SECRETARY OF STATE

JUN 2.1 2021 R. HUNT

COVER LETTER

Division of Corporations
SUBJECT: Philpit + Philpit (Name of Limited Liability Company)
(Name of Limited Liab(inty Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas T. Philpit
Philpit + Philpit, LLC (Firm/Company)
1299 (11 2))
(Address)
BOCA Ration, FL 33486 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Thomas Thilpit at 561, 750-9036 (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 Street Address: Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 Philpit LLC					
2.	The Articles of Organization were filed on $\frac{19}{19}$, $\frac{19}{19}$, $\frac{19}{19}$, and assigned					
	document number					
3.	The delayed effective date the dissolution if not effective on the date of filing: 12 13 12 20 (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). 13 oth Members Retired						
	DOTTI MENDELS INCLINED					
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: PH 12:0					
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:						
	activities and affairs:					
	97 					
6	Signature of an authorized person or if there are no members, the signature of the person appointed and listed					
o. al	signature of an attitionized person of it diete are no includers: the signature of the person appropriate and affairs:					
	Member Thomas T. Philpit Signature Printed Name					
	FILING FEE: \$25.00					

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 Limite	PHILI PHILI	PIT & PHILPIT, LLC
Document num	her of Limited Liability Company is:	L00000005942
	tion was:	
Description of	information that must be included in a v	written claim:
BUSINESS OPE	ERATIONS HAVE CEASED.	
Mailing addres	s where claims can be sent: (Claims car	nnot be sent to the Division of Corporations)
	1399 SW 21ST LANE	
	BOCA RATON. FL 33486	
	·	
A claim agains commenced wi	it the above named limited liability com ithin 4 years after the filing of this notic	pany will be barred unless a proceeding to enforce the claim is be.
		+ -01-1
THOMAS PHIL	Printed Name of the Person Filing	Signature of the Person Filing
	Timed Name of the Ferson Ching	0