

#L02000007291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800259091538

04/25/14--01019--002 **25.00

FILED

2014 APR 25 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY -1 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEREIRA INVESTMENTS 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:

ROBERT N. JACOBSON
(Name of Person)

THE MIDDLESEX CORPORATION
(Firm/Company)

ONE SPECTACLE POND ROAD
(Address)

LITTLETON, MA 01460
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT N. JACOBSON at (978) 742-4400 x1330
(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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

2014 APR 25 PM 5:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is

PEREIRA INVESTMENTS LLC

2. The Articles of Organization were filed on 3/27/02 and assigned

document number LO2000007291

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)

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).

NO LONGER CONDUCTING BUSINESS

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

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:

Robert W. Pereira
Signature

ROBERT W. PEREIRA, MEMBER
Printed Name

FILING FEE: \$25.00