

L03000004921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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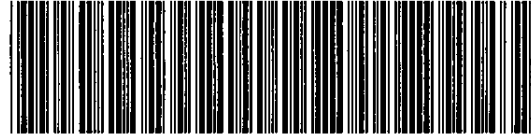
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 17 PM 1:17

Hampton JAN 18 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PELERIN, 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:

THOMAS ANHORN  
(Name of Person)

PELERIN, LLC  
(Firm/Company)

1435 E. VENICE AVE #104-245  
(Address)

VENICE, FL 34292  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS ANHORN at ( 905 ) 602-1088  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 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/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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JAN 17 PM 1:17

1. The name of a limited liability company is

PETERIN, LLC

2. The Articles of Organization were filed on APRIL 25, 2003 and assigned document number

603000014921

3. The date the dissolution was approved: 12/14/2007

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

INDIVIDUAL OWNER HAS CHRONIC DISABILITY

AND HAS LIMITED ABILITY TO CONTRIBUTE TO OPERATION

OF COMPANY. VETERANS ADMINISTRATION HAS ASSIGNED

DISABILITY RATING TO OWNER WHICH LIMITS HIS ABILITY

TO ACTIVELY PERFORM DUTIES  
REQUIRED

5. CHECK ONE:

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☐ There are no suits pending against the company in any court.

-OR-

☒ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

[Signature]

Printed Name

THOMAS ANGELO

FILING FEE: \$25.00