

L04000019087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

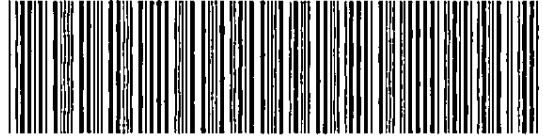
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500436269075

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2025 JAN -8 AM 9:59

FILED

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2025 JAN -8 PM 12:17

RECEIVED



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/13/2025

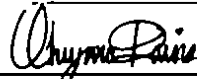
Name: Cheyanne Davis

Reference #: 2618932

Entity Name: THE PALMS MGT, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CANCELLATION

Authorized Amount: \$35.00 25.00

Signature: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2025

COGENCY

SUBJECT: THE PALMS MGT, LLC
Ref. Number: L04000019087

We have received your document for THE PALMS MGT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Must complete #4.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 725A00000646

please keep
the
original
file date

RECEIVED
2025 JAN 13 PM 3:41
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2025 JAN -8 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

THE PALMS MGT, LLC

2. The Articles of Organization were filed on 03/01/2004 and assigned

document number L04000019087

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).

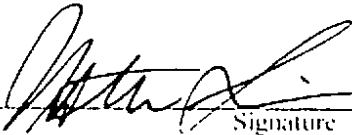
ceased operations

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

PO Box 71030

Myrtle Beach, SC 29572

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

W. STEWART SWAIN

Printed Name

FILING FEE: \$25.00