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l e e e e e e e e e e e e e e e e e e e
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20000000)
(Document Number)
Certified Copies Certificates of Status
Consideration A. Efficiency
Special Instructions to Filing Officer:
Q. SILAS
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SECRETARY OF STATE

STALLAHASSEE, FL

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PALM GTY PROPE (Name of Limited)	RTIES LLC
(Name of Limited	спантку Сотрану)
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	e following:
n n	1.5
	NAGNER of Person)
(Firm/	Company)
28495W BR16	HTON WAY
PALM CITY FO	1 34990
/ (City/State	and Zip Code)
For further information concerning this matter, please call:	
ROBERT J. WAGNER (Name of Person)	at (772) 349.6585
(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)
	Co. A A A A
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY ILED

1. The name of a limited liability	y company is	PA King	R 12 PM 3:38	
PALM CITY F	PREPERTIES	LLC SECRE	TARY OF STATE	_·
2. The Articles of Organization	were filed on	22-2004	and assigned	
document number <u>LO</u>	1000084765	2		
3. The delayed effective date the (effective date) Note: If the date inserted in this listed as the document's effective date.	s block does not meet the	applicable statutory illi	ing: 5-30-272 ate document is received for filinging requirements, this date will	g) I not be
4. A description of occurrence the 605.0707, Florida Statutes, (co	opy 605.0707 on back co	over letter).		tion
PANDEMIC K	RELATED = BU	15/NESS 1	NACTIUE	_
			. <u>.</u>	
				_
5. If there are no members, enter	r the name and address	of the person appointe	ed to wind up the company	
activities and affairs:		TWAEN		_
	2849 SW	BRIGHTER) WAY	
	Paren Cet	BAIGHTEN 349	490	_
				_
6. Signature of an authorized pe above to wind up the company's	rson or if there are no mactivities and affairs:	nembers, the signature	e of the person appointed ar	id listed
Dolor ANA	1./	AREAT !	T.MAGNED	
Signature	<u> </u>	Prir	nted Name	_

FILING FEE: \$25.00