

L070000047127

(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



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01/23/14--01002--010 **25.00

2014 FEB 10 10 14 AM

2014 FEB 10 10 14 AM

FILED

B. BOSTICK
FEB 12 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palasco Associates 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:

Pamela I. Smith

(Name of Person)

Palasco Associates LLC

(Firm/Company)

268 SW Langelier Drive

(Address)

Fort White, FL 32038

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela I. Smith

(Name of Person)

at (786) 368-3707

(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**

1. The name of a limited liability company is

Palasco Associates LLC

2. The Articles of Organization were filed on May 3, 2007 and assigned
document number L07000047127

3. The delayed effective date the dissolution if not effective on the date of 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).

Retirement of Principals

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

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:


Pamela I. Smith

Printed Name

Pamela I. Smith

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2014

PAMELA I. SMITH
268 SW LANGELIER DRIVE
FT. WHITE, FL 32038

SUBJECT: PALASCO ASSOCIATES, LLC
Ref. Number: L07000047127

We have received your document for PALASCO ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 114A00001968

FILED
2014 FEB 10 PM 4:47
TALLAHASSEE, FLORIDA