

L07000089213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

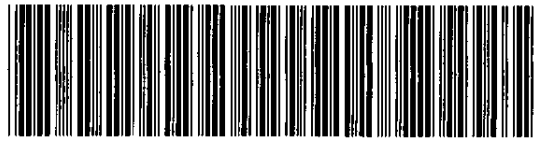
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300141388763

01/20/09--01049--017 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 20 PM 3:29

J. BRYAN

JAN 21 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAKUTINSKI GROUP L.L.C.

(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:

MARY ELLEN PAKUTINSKI

(Name of Person)

PAKUTINSKI GROUP L.L.C

(Firm/Company)

1415 ARIEL LANE

(Address)

FORT WALTON BEACH, FL 32547-1191

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 20 PM 3:29

For further information concerning this matter, please call:

MARY ELLEN PAKUTINSKI

(Name of Person)

at (850) 863-9352

(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**

1. The name of a limited liability company is

PAKUTINSKI GROUP L.L.C.

2. The Articles of Organization were filed on **JANUARY 16, 2008** and assigned document number **L07000089213**

3. The date the dissolution was approved: **DECEMBER 31, 2008**

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).

MEDICAL DISABILITY

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

Printed Name

Mary Ellen Pakutinski

MARY ELLEN PAKUTINSKI

FILING FEE: \$25.00

FILED
STATE
SECRETARY OF
DIVISION OF CORPORATIONS
JAN 20 2009
AM 3:29