

LO9000 108728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

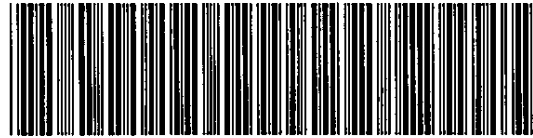
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/30/16--01005--013 **25.00

16 DEC 30 PM 1:30

FILED
CLERK OF DISTRICT COURT
JANUARY 1, 2017
ALBUQUERQUE, NM

DEC 30 2016

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelican Way Financial, 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:

Kathryn Taillon

(Name of Person)

(Firm/Company)

5489 Atlantic View

(Address)

St. Augustine, FL 32080

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn Taillon

(Name of Person)

at (864) 234-2130

(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

Pelican Way Financial, LLC

2. The Articles of Organization were filed on Nov. 12, 2009 and assigned

document number L09000108728

3. The delayed effective date the dissolution if not effective on the date of filing: ~~09/28/09~~ 12/28/16
(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.

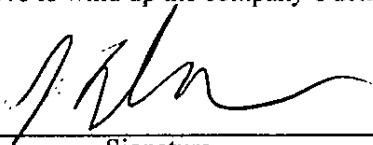
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

FGS 605.0701(2)

Consent of sole member.

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

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

Kathryn Taillon

SOLE MEMBER, MGR.
Printed Name

FILING FEE: \$25.00

10 DEC 30 PM 1:30

FILED
CLERK OF COURT
JANUARY 1, 2017

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Pelican Way Financial, LLC

Document number of Limited Liability Company is: L09000108728

Date of dissolution was: Dec. 28, 2016 (12/28/16)

Description of information that must be included in a written claim:

Claim must provide details within 120 days per FGS 605.0711-712.
Must provide reasonable description of claim and basis and date of
origination and instrument upon which claim is based. Company
may distribute assets to other claimants or members. Claim must be
in writing and state date the LLC admitted the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Kathryn Taillon

5489 Atlantic Vw

St. Augustine, FL 32080

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Kathryn Taillon, Mgr.

Printed Name of the Person Filing


Signature of the Person Filing

FILED
CLERK OF STATE
16 DEC 30 PM 1:30