

L10000022327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

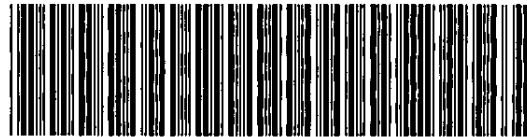
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAIL KASSEL FLORIDA

JUN 11 2014  
J. BRUCI

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PASS IN REVIEW 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:

RODNEY S WHITE CPA

(Name of Person)

RODNEY S WHITE CPA

(Firm/Company)

4650 LIPSCOMB ST NE SUITE 20

(Address)

PALM BAY FL 32905

(City/State and Zip Code)

For further information concerning this matter, please call:

RODNEY S WHITE CPA

(Name of Person)

321

at (

728-9366

(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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

PASS IN REVIEW LLC

2. The Articles of Organization were filed on 03/01/2010 and assigned

document number L100000022327

3. The delayed effective date the dissolution is 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)

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).

DEATH OF MANAGER MEMBER SAM MOSCHELLA ON JAN 19, 2014

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:

X GALE MOSCHELLA  
Signature

GALE MOSCHELLA MGRM

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE FLORIDA