

# L10000013650

\_\_\_\_\_  
(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:

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01/13/14--01026--013 \*\*25.00

FILED  
2014 JAN 13 PM 2:50  
ST. LOUIS, MO  
U.S. DISTRICT COURT

JAN 15 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEL ENTERPRISES, 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:

BRIGITTE WALLACE

(Name of Person)

PEL ENTERPRISES, LLC

(Firm/Company)

2633 UPTON ST. S.

(Address)

GULFPORT, FL. 33711

(City/State and Zip Code)

FILED  
2014 JAN 13 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

BRIGITTE WALLACE at 727 793-7055  
(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)

**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**

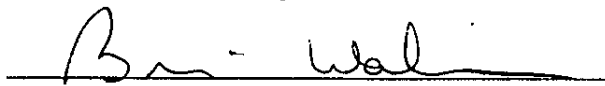
1. The name of a limited liability company is  
PEL ENTERPRISES, LLC
2. The Articles of Organization were filed on 1/1/2011 and assigned  
document number L10000073650
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
NO ACTIVITY

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

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

Printed Name



BRIGITTE WALLACE

**FILING FEE: \$25.00**