

L10 000077531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

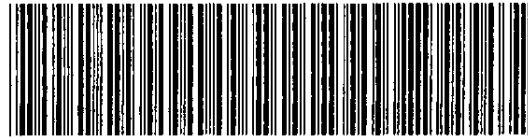
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11 MAR - 7 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES

**ALAN JAY RICH L.L.C.**

8 WOOD HOLLOW ROAD

SUITE 203

PARSIPPANY, NEW JERSEY 07054

ALAN J. RICH  
AJRLEGAL@AOL.COM

TEL: (973) 884-1100  
FAX: (973) 884-1210

February 28, 2011

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Palace Faith Enterprises, L.L.C.**

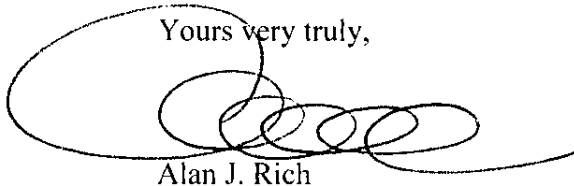
Gentlemen:

With regard to the above-referenced entity, please find enclosed **Cover Letter** and original and two copies of **Articles of Dissolution for a Limited Liability Company**.

Kindly file the Articles of Dissolution and provide this office with a Certified Copy of same, along with a Certificate of Status. We are enclosing a self-addressed, stamped envelope and our firm's check in the amount of \$60.00 to cover the applicable fees.

Thank you very much for your assistance.

Yours very truly,

A handwritten signature in black ink, consisting of a large loop followed by several smaller loops and a trailing flourish.

Alan J. Rich

AJR/ar  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALACE FAITH ENTERPRISES, 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:

Alan J. Rich, Esq.

(Name of Person)

Alan Jay Rich, LLC

(Firm/Company)

8 Wood Hollow Road, Suite 203

(Address)

Parsippany, NJ 07054

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan J. Rich, Esq.

(Name of Person)

at ( 973 ) 884-1100

(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  
PALACE FAITH ENTERPRISES, L.L.C.

2. The Articles of Organization were filed on July 23, 2010 and assigned document number  
L10000077531

3. The date the dissolution was approved: September 15, 2010

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).

Managing Member, Fred Bigelsen, is requesting an Order of Dissolution at this time  
as this business never became operational.

5. **CHECK ONE:**

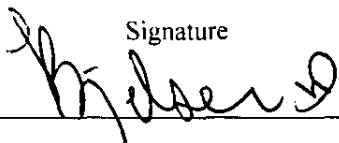
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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  
Fred Bigelsen  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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