

LI 000 007542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

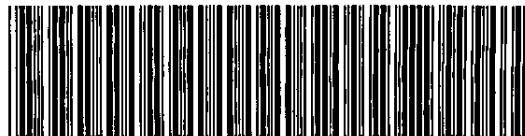
(Business Entity Name)

(Document Number)

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16 JUL -5 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

209



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2016

PETER MARCELLO  
614 MICHAEL ST  
JUPITER, FL 33458

SUBJECT: PALMS POOL SERVICES, LLC  
Ref. Number: L11000007542

We have received your document for PALMS POOL SERVICES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 916A00012751

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** the dissolution of a corporation  
\_\_\_\_\_

**DOCUMENT NUMBER:** 111000007542  
\_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

peter marcello  
\_\_\_\_\_

(Name of Contact Person)

palms pool services,llc  
\_\_\_\_\_

(Firm/Company)

6140 michael street  
\_\_\_\_\_

(Address)

jupiter ,florida 33458  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

peter  
\_\_\_\_\_

at ( 561 -427-4452

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|--|

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment 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

PALMS POOL SERVICES, LLC

2. The Articles of Organization were filed on JANUARY 18, 2011 and assigned  
document number 111000007542

3. The delayed effective date the dissolution if not effective on the date of filing: 5-31-2016  
(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).

NOT REASONABLY PRACTICAL TO CARRY ON

BUSINESS; NO BUSINESS COMING IN;

FINANCIALLY IRRESPONSIBLE TO CONTINUE

IN ANY WAY.

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

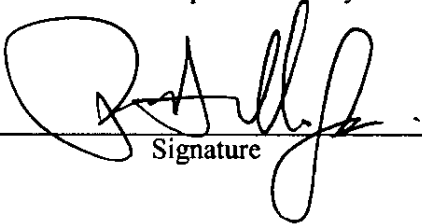
PETER MARCELLO

6140 Michael St

Spring H 33458

16 JUL -5 AM 7:47  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

PETER MARCELLO  
Printed Name

**FILING FEE: \$25.00**