## L11000084707

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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TALL AHARRES

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	POB MORRISSEY ENTERPRISES LLC
2.	The Articles of Organization were filed on $\frac{OS/O6/2011}{2000}$ and assigned
	document number <u>L //0000 54 70 7</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 3/25/2024  (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).
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	<u> </u>
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: FATRICK MORRISSEY
	·
	101 CARRIAGE LAMP WAY
	PONTE VECRA BEACH, FL 32082
6. at	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
P	Signature J PATRIER J. MORRISSEY Printed Name
	V Signature Printed Name

FILING FEE: \$25.00

## **COVER LETTER**

Division of Corporations				
SUBJECT: PDB MERRISSEY ENTER PRISES LLC (Name of Limited Liability Company)				
(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:				
				PATRICK MOBRISSEY (Name of Person)
20.				
	70 7			
(Firm/Company)				
101 CARRIAGE LAMP WAY				
(Address)				
(Firm/Company)  I CARRIAGE LAMP WAY  (Address)  PENTE VERR BEACH, FL 32082-1903  (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
PATRICK MCRRISSEY at (909) 521 - 7223 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
Mailing Address:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303