111000080116

(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:		

Office Use Only



600338293796

12/20/19--01007--013 **25.00

261901620 Pil 2:15

R. WHITE JAN 02 2010

COVER LETTER

TO: Registration Section Division of Corporations	^	Dogwood
SUBJECT: Pinahoe Investigations SUBJECT: (Name of Limited I	estments, LLC	L11000080216
(Name of Limited I	Liability Company)	
Notice of Limited Lindilit	7 Company Dissolution	
The enclosed Articles of Dissolution and fee(s) are submitted		
Please return all correspondence concerning this matter to the	following:	
LAWRENCE (Name o	F. Shay	-
(Firm/C	ompany)	-
SIIA SUNR	ise Lare	-
Holmes Be	nd Zip Codei	? -
For further information concerning this matter, please call:		
LAWPENCE F. Shay (Name of Person) Enclosed is a check for the following amount:	at (610) 517-670 (Area Code & Daytime Telephone Num) 5
Enclosed is a check for the following amount:	Pmpil - LFShayecom	, cast. Ne l
S25.00 Filing Fee and Certificate of Dissolution Notice of Limited Lipsility Comprony Dissolution	☐ \$55,00 Filing Fee. Certificate of Dissolution Certified Copy (additional copy is enclose	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605,0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: PINWHEEL INVESTMENTS , LLC	
Document number of Limited Liability Company is: L11000080216	
Date of dissolution was:	
Description of information that must be included in a written claim:	
THE CLAIM MUST BE IN A SIGNED WRITING, MAILED TO THE ADDRE	SS BELOW BY CERTIFIED
MAIL WITH A SIGNATURE OF RECEIPIENT REQUIRED, AND CONTAIN	SUFFICIENT DETAILS TO
EVALUATE AND DEFEND THE CLAIM.	
	eperation and
Mailing address where claims can be sent: (Claims cannot be sent to the D	Division of Corporations)
5311A SUNRISE LANE, HOLMES BEACH, FL 34217	
STAN SOLMES, HODINES DEACH, LE 54217	20
.	
A claim against the above named limited liability company will be barred claim is commenced within 4 years after the filing of this notice.	
LAWRENCE F. SHAY	K S

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing

Signature of the Person Filing