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(Requestor's Name) (Address) (Address)	700297482367
(City/State/Zip/Phone #)	04/03/1701030012 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	APR 04 2017 S. YOUNG H 2:01

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Ē	Eastham Law Offices 138 West Palmetto Park Road Boca Raton, FL 33432	Telephone: (561) 395-6800 Fax: (561) 391-6902 emjeastham@easthamlawoffices.com

JOHN K. EASTHAM, JR. ERIK IAN EASTHAM

March 30, 2017

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

Re: Pam Howell, LLC

Dear Sir/Madam:

Enclosed is a dissolution form for Pam Howell, LLC and a check in the amount of twenty-five dollars (\$25.00).

If you have any questions or concerns, please do not hesitate to contact me.



Best Regards,

Cathy Wending Legal Assistant

/cw

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is PAM HOWELL, LLC

2. The Articles of Organization were filed on <u>9/20/2011</u> and assigned

document number _____

(effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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).

THE BUSINESS NO LONGER EXISTS.

5. If there are no members, enter the name and address of the person appointed to wind up the company's PAMELA J. HOWELL activities and affairs: 728 N. OCEAN BLVD

DELRAY BEACH, FLORIDA 33483

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:

PAMELA J. HOWELL

Printed Name

FILING FEE: \$25.00