LIZCOOD 82154

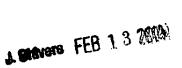
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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02/12/14--01013--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PELICAN POINT PUBLISHING, 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:	
ALLEN H. WILLIAMS (Name of Person)	
(Name of Person)	
(Firm/Company)	
7339 SANDHURST R.D. SOUTH (Address)	
TACKSONVILLE, FL 32277 (City/State and Zip Code)	
For further information concerning this matter, please call:	
ALLEN WILLIAMS at (904) 704-1936 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution 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

he Articles of Organization were filed on <u>JUNE 21, 2012</u> and assigned ocument number <u>L12000082154</u>
he delayed effective date the dissolution if not effective on the date of filing: 2-8-14
description of occurrence that resulted in the limited liability company's dissolution pursuant to section 5.0707, Florida Statutes, (copy 605.0707 on back cover letter).
I WAS NEVER ABLE TO GET THE BUSINESS STARTED. WAS
UNABLE TO GET BUSINESS UP AND RUNNING.
WHORE TO GET PROTINGS
there are no members, enter the name and address of the person appointed to wind up the company's ALCEN H. WILLIAM S 7339 SANDHURST RD SOUTH JACKSONVILLE, FL 32277
ignature of an authorized person or if there are no members, the signature of the person appointed and listed e to wind up the company's activities and affairs:
Signature Printed Name
then % WILLIAMS.
AA