

L13000004684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

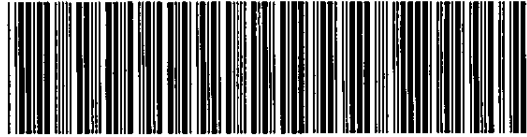
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300268544113

01/26/15--01023--026 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 26 PM 12:45

C.L.
1-29-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Pea Sheller, LLC
(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:

Kathy Carlson

(Name of Person)

(Firm/Company)

1615 Village Square Blvd., Suite 3

(Address)

Tallahassee, FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Carlson

(Name of Person)

850

222.9730

at (

) (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

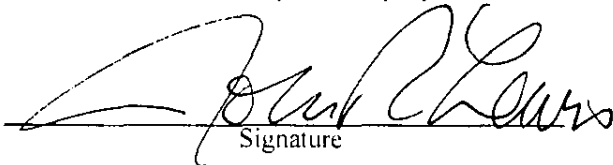
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 JAN 26 PM 12:45

1. The name of a limited liability company is
The Pea Sheller LLC
2. The Articles of Organization were filed on 1/9/2013 and assigned
document number L13000004684
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
No longer wish to pursue this business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: John Lewis
1615 Village Square Blvd, Suite 3
Tallahassee, FL 32309

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

John R Lewis

Printed Name

FILING FEE: \$25.00