

LL3000042579

(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



200311375222

04/09/18--01021--011 \*\*25.00

OFFICE OF JUDGE  
J. LEGGETT  
TALLAHASSEE, FLORIDA

18 APR -9 AM 2:30

J. LEGGETT  
APR 10 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pinecrest Vault & Monument Company, 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:

H. Matthew Fuqua, Esq.

(Name of Person)

Fuqua & Milton, P.A.

(Firm/Company)

Post Office Box 1508

(Address)

Marianna, FL 32447

(City/State and Zip Code)

For further information concerning this matter, please call:

H. Matthew Fuqua

(Name of Person)

at 850 526-2263

(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**

1. The name of a limited liability company is  
Pinecrest Vault & Monument Company, LLC

2. The Articles of Organization were filed on 03/21/2013 and assigned

document number L13000042579

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)

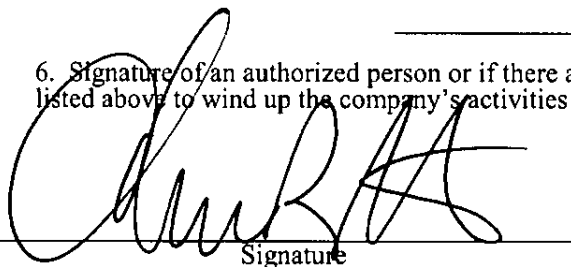
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The consent of all members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

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

Christopher R. Sikes

Printed Name

**FILING FEE: \$25.00**

18 APR -9 AM 2:30  
CLERK OF THE COURT  
JULIA HARRIS  
CLERK

## 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: Pinecrest Vault & Monument Company, LLC

Document number of Limited Liability Company is: L13000042579

Date of dissolution was: 03/30/2018

Description of information that must be included in a written claim:

Name and address of claimant, basis of the claim,  
Amount of Claim and date due, Is claim contingent or  
unliquidated, and is claim secured or unsecured, if  
secured, state what the security is.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Christopher R. Sikes

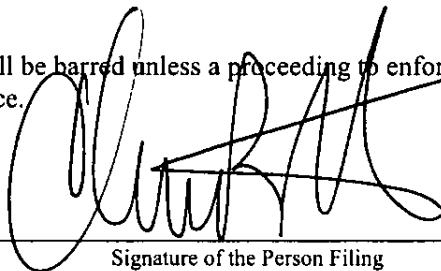
Post Office Box 328

Marianna, FL 32447

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Christopher R. Sikes

Printed Name of the Person Filing



Signature of the Person Filing