## L17 0000 44516

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

**Registration Section** 

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: Pelimar Ground Control 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:			
Annelies Joss (Name of Rerson)			
Pelimar Ground Control, LLC			
7451 Brewster &			
Navve 7.32566			
For further information concerning this matter, please call:			
Annelies Toss at (850) 368 – 5785  (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 ADDDESS. STDEET/COUDIED ADDDESS.			

Registration Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Pelimar Ground Contro LLC
2. The Articles of Organization were filed on $03/23/2013$ and assigned
document number <u>L 13 0000 445 12</u>
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)
A A description of a second address of the first of the billion and the second address of the second
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).
Health rassons and moving out of State
TRUTTE PROBLEMS and PROVING OUT OF JAME
$\searrow$
5. If there are no members, enter the name and address of the person appointed to wind up the company's
• • • • • • • • • • • • • • • • • • • •
activities and affairs:
$^{\prime}$ C $_{\odot}$
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:
10 to
Annelies N. Moss Annelies N Floss

**FILING FEE: \$25.00**