L1300066918

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Only States Elph Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





200256042222

02/04/14--01014--007 **25.00



COVER LETTER

TO: Registration Section

Division of Corporations

Peter Monroe Receiver 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:

Peter Monroe				
(Name of Person)				
(Firm/Company)				
1810 Pine Hill Drive				
(Address)				
Safety Harbor, FL 34695				
(City/State and Zin Code)				

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For further information concerning this matter, please call:

Peter Monroe

_,/727 \ 331-818(

(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

1.	The name of a limited liabil Peter Monroe Receiv	• • •				
2.	The Articles of Organization document number L13000	n were filed on 05/07/2013 0066918	and assigned			
3.	The delayed effective date t	he dissolution if not effective on the	e date of filing: <u>12/31/2013</u>			
4.	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).					
5.	If there are no members, ent	er the name and address of the pers	son appointed to wind up the company's			
	activities and affairs:					
		Safety Harbor, FL 34695				
6. ab	Signature of an authorized pove to wind yo the company	person or if there are no members, the sactivities and affairs:	he signature of the person appointed and listed			
	Signature		Printed Name			
K)		Peter M	Monroe F			
	/	FILING FEE: \$25.	.00			