L14 0000 L2865

(F	Requestor's Name)			
(/	Address)			
	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
<u> </u>	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





200272340282

05/04/15--01020--010 **25.00



J. SHAVETS MAY 0'7 MITT

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PANELS INKEO (Name of Limited Liability Company)				
	(Name of Limite	d Liability Company)		
The en	nclosed Articles of Dissolution and fee(s) are submitted	ed for filing.		
Please	return all correspondence concerning this matter to t	he following:		
	BOAD ALLEN WALLA	e of Person)		
	(Firm	/Company)		
	5854 WINDHOVER	DR Address)		
	ORLANDO FL 32819 (City/State	e and Zip Code)		
For fu	rther information concerning this matter, please call:			
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)		
Enclose	ed 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.	1. The name of a limited liability com	pany is
	DANELS INKE	D
2.	2. The Articles of Organization were document number	41/30/14P/
3.	3. The delayed effective date the diss (effective date can	olution if not effective on the date of filing: not 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 Money / PR	OFIT
	1	
5	5. If there are no members, enter the	name and address of the person appointed to wind up the company's
activities and affairs:		iame and address of the person appointed to wind up the company's
activities and arians.		To Un
		With the second
6. lis	Signature of an authorized person disted above to wind up the company?	or if there are no members, the signature of the person appointed and
	B. A. Wales	E BRAD A. WALLACE
•	Signature	Printed Name

FILING FEE: \$25.00