

L16000078285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

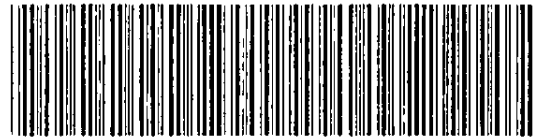
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2023 MAY -1 AM 1:11



2023 MAY -1 PM 2:02

MAY -2 2023

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DATE: 05/01/23

NAME: PALI HOSPITALITY, L.L.C.

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALI HOSPITALITY, L.L.C.

(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:

KERRY ANNE SCHULTZ, ESQ.

(Name of Person)

SCHULTZ LAW GROUP, P.L.L.C.

(Firm/Company)

2779 GULF BREEZE PARKWAY

(Address)

GULF BREEZE, FLORIDA. 32563

(City/State and Zip Code)

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ, ESQ.

(Name of Person)

850

754-1600

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

2023 MAY -1 AM 1:11

1. The name of a limited liability company is
PALI HOSPITALITY, L.L.C.

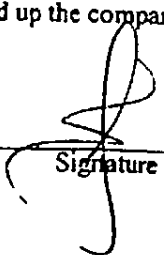
2. The Articles of Organization were filed on 04/20/2016 and assigned
document number 116000078285

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).
Pursuant to unanimous consent of the 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: _____
- _____
- _____
- _____

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

Jay S. Patel
Printed Name

FILING FEE: \$25.00