

L17000165304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

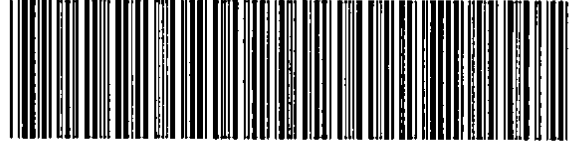
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100325284561

03/04/19--01031--030 **25.00

APPROVED
AND
FILED

2019 MAR -4 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.C.
03/13/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Penelope Wolfe Enterprises 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:

Jamie Wolfe
(Name of Person)

Penelope Wolfe Enterprises LLC
(Firm/Company)

11393 Whispering Cliffs Dr.
(Address)

Pocatello, ID 83202
(City/State and Zip Code)

2019 MAR -4 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

For further information concerning this matter, please call:

Jamie Wolfe at (208) 251 8699
(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 liability company is

Penelope Wolfe Enterprises LLC

2. The Articles of Organization were filed on AUGUST 03, 2017 and assigned

document number L17000165304

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 27, 2019
(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.

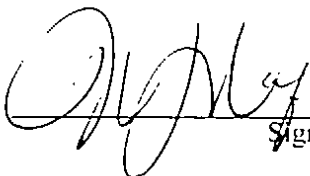
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

OWNER Dissolved LLC due to relocation out of country
Unable to manage LLC from overseas.

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

Jamie Wolfe
11313 Whispering Cliffs Dr
Pocatello, ID
83202

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

Jamie Y Wolfe
Printed Name

FILING FEE: \$25.00

APPROVED
AND
FILED
2019 MAR -4 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA