## L19000015529

(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



300363419383

04/07/21--01013--012 \*\*25.00



O SIMMONS JUN 05 2021

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: PINNACLE TINVESTMENT Capital, 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:
Timothy J. QuiNN (Name of Person)  PINNACLE INVESTMENT Capital LLC (Firm/Company)  245 Edge of Woods Rd. (Address)  St. Augustine, FL 32092 (City/Slate and Zip Code)
For further information concerning this matter, please call:
Timothy Source at 904 591-7944  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\sum_{\text{S25.00 Filing Fee}}\$ \text{Telephone Number}\$  \$\sum_{\text{Code & Daytime Telephone Number}}\$  \$\sum_{\text{Code & Daytime Telephone Number}}\$  \$\sum_{\text{S25.00 Filing Fee}}\$ \text{Certificate of Dissolution & Certified Copy (additional copy is enclosed)}
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2022 APR -7 AH 7: 10

/ Att	1:10
1. The name of a limited liability company is	
PINNACLE INVESTMENT Capital, L.L.C.	
2. The Articles of Organization were filed on	
document number <u>L 190000 15529</u>	
The delayed effective date the dissolution if not effective on the date of filing: 4-1-21  (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 relisted as the document's effective date on the Department of State's records.	not be
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).	on
Own other Compy, NOT USIZ This ON	
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 above to wind up the company's activities and affairs:	listed
Timuly Cour	
Signature Printed Name	

FILING FEE: \$25.00