L19 000 150 575

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





900438441269



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Palmate, LLC	
2,	2. The Articles of Organization were filed on June 6, 2019	and assigned
	document numberL19000150575	
3.	3. The delayed effective date the dissolution if not effective date cannot be prior to or more the Note: If the date inserted in this block does not meet the applisted as the document's effective date on the Department of	plicable statutory filing requirements, this date will not be
4.	4. A description of occurrence that resulted in the limited 605.0707, Florida Statutes, (copy 605.0707 on back cov	liability company's dissolution pursuant to section er letter).
	This entity has ceased doing business.	
		2 2
5.	5. If there are no members, enter the name and address of	the person appointed to wind up the company 25
	activities and affairs:	26 H
6. ab	6. Signature of an authorized person or if there are no mer above to wind up the company's activities and affairs:	nbers, the signature of the person appointed and listed
		Benjamin A. Weaver
	Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Palmate, LLC	
Document number of Limited Liability Company is:	0150575
Date of dissolution was:	
Description of information that must be included in a written	ı claim:
The written claim must include the claimant name, address and co	mtact information and claim amount along with the
reason for the claim including any documentation (agreements, in	rvoices, etc.) applicable to claim amount.
Mailing address where claims can be sent: (Claims cannot be 9350 Conroy Windermere Road	e sent to the Division of Corporations)
Windermere, FL 34786	
Attn: Legal Department	
A claim against the above named limited liability company volaim is commenced within 4 years after the filing of this no	tice.
	\mathscr{R}
Benjamin A. Weaver	
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00