

L20000138141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

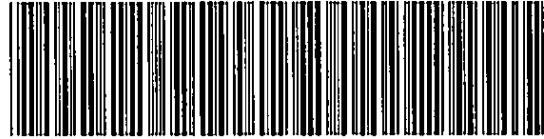
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/21--01010--003 **25.00

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2021 AUG -9 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FL

101 101 101

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peace of Mind Companions, 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:

Donna Marie Knox
(Name of Person)

Peace of Mind Companions, LLC
(Firm/Company)

5941 Topher Trail
(Address)

Mulberry, FL 33860
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna M. Knox at (813) 435-8711
(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 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**

1. The name of a limited liability company is

Peace Of Mind Companions, LLC

2. The Articles of Organization were filed on July 27, 2020 and assigned
document number L20000138141

3. The delayed effective date the dissolution if not effective on the date of filing: 8/6/2021
(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).

It was difficult to care for clients due
to Covid.

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

Donna M. Knox

5941 Topper Trail

Mulberry, FL 33860

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:

Donna M. Knox
Signature

Donna M. Knox
Printed Name

FILING FEE: \$25.00

2021 AUG - 9 AM 9:00
SECTION OF STATE
TALLAHASSEE, FL

FILED