LZZ000059 130

(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



000441563210

12/27/24--01049--023 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PIPERBEAR DESTIN	VATIONS, LLC Liability Company)	_		
The enclosed Articles of Dissolution and fee(s) are submitted	· ·			
Please return all correspondence concerning this matter to the	e following:			
Nilali Mont	alto			
Piperbiar Dist				
(,			
837 2nd 5r N (Address)				
St Pettersbrigging/State:	and Zin Code)			
For further information concerning this matter, please call:				
Nucle Martalto	at (804) 517 0897 SM (Area Code & Daytime Telephone Number) CM	, 203r		
(i value of i closely)	ربر المسالمة	DEC	1147 14 2	
Enclosed is a check for the following amount:		27	المعيناً	
\$25.00 Filing Fee and Certificate of Dissolution	S\$5.00 Filing Fee, Certificate of Dissolution & Control Control Copy (additional copy is enclosed)	計 9: 24	e e e	
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 lia	ability company is	
Piperbear	Destination, LLC	
	11ion were filed on02 03 -	2022 and assigned
Note: If the date inserted	te the dissolution if not effective on the tive date cannot be prior to or more than 90 da in this block does not meet the applicable ffective date on the Department of State's	ne date of filing: 12 01 2024 ays later than date document is received for filing) e statutory filing requirements, this date will not be secords.
605.0707, Florida Statute	s, (copy 605.0707 on back cover lette	y company's dissolution pursuant to section or). How buynes, se
5. If there are no members.	enter the name and address of the per	rson appointed to wind up the company's
activities and affairs:	Nicole Montal	
	837 2nd 54	ECRETATION TALLA
	4 Pitersburg), fr 3370 15 2 2 1 1
6. Signature of an authorize above to wind up the compa	ed person or if there are no members, only's activities and affairs:	the signature of the person appointed and listed
Nuf y		Printed Name

FILING FEE: \$25.00