

L220000373962038

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAUTHEN & BURNS, P.A.
Account Number : I19980000085
Phone : (352)343-2225
Fax Number : (352)343-7759

LLC DISSOLUTION OR WITHDRAWAL PEAKFORM LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peakform 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:

J. Knox Burns, IV

(Name of Person)

Cauthen & Burns, P.A.

(Firm/Company)

215 North Joanna Avenue

(Address)

Tavares, Florida 32778

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Conroy

352 343-2225
at _____
(Area Code & Daytime Telephone Number)

(Name of Person)

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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Peakform LLC

2. The Articles of Organization were filed on 04/05/2022 and assigned

document number L22000163038

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

Dissolved per majority vote of Managers.

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

Chad Canfield

631 Old Mount Dora Road

Eustis, Florida 32726

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:

DocuSigned by:

Chad Canfield

CHAD38CDAA114E8

Signature

Chad Canfield

Printed Name

FILING FEE: \$25.00

2023 OCT 26 PM 12:34

APPROVED
AND
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