

L23000315256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

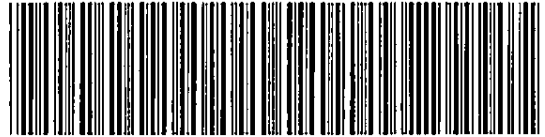
Certificates of Status _____

Special Instructions to Filing Officer:

SECRET

APR 19 2024

Office Use Only



900422264659

01/19/24--01019--010 **35.00

Ret. 03/29/24

FILED
2024 MAR 29 PM 2:45
SECRETARY OF STATE
HARRISBURG, PENNSYLVANIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parmer Employment Solutions
(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:

Alyce J. Parmer
(Name of Person)

Parmer Employment Solutions
(Firm/Company)

2190 Shell Cove Circle
(Address)

Fernandina Beach, FL 32034
(City/State and Zip Code)

For further information concerning this matter, please call:

Alyce J. Parmer at (850) 544-4826
(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

★ a check in the amount of \$35
was mailed to you - 11/6/24, #176

ENCLOSURES

1) Articles of Dissolution, LLC
2) Notice of LLC Dissolution Limited Liability

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

1. The name of a limited liability company is

Parmer Employment Solutions LLC

2. The Articles of Organization were filed on July 3, 2023 and assigned

document number L23 000315256

3. The delayed effective date the dissolution if not effective on the date of filing: 11/16/24
(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).

health issues of owner/principal

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

activities and affairs:

Alyce J. Parmer

2190 Shell Cove Circle

Fernandina Beach, FL 32034

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:

Alyce J. Parmer
Signature

Alyce J. Parmer
Printed Name

FILING FEE: \$25.00

FILED
2024 MAR 29 PM 2:45
SECRETARY OF STATE
FLORIDA

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: Parmer Employment Solution LLC

Document number of Limited Liability Company is: ~~XXXXXXXXXX~~ L23000315256

Date of dissolution was: 1/16/2024

Description of information that must be included in a written claim:

Claimant name, ^{mailing} address, physical address,
email address, telephone number, date alleged
claim occurred, detailed description of claim,
documents evidencing validity of claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2190 Shell Cove Cir.
Fernandina Bch, FL 32037

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2024 MAR 29 PM 2:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Alyce J. Parmer
Printed Name of the Person Filing

Alyce J. Parmer
Signature of the Person Filing

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