24000 227 1130

(Requestor's Name)		
(Address)	80043452	
(Address)	00010102	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	08/12/2401019-	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



6248

-009 ++25.00

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Pendarvis, LLC.					
(Name of Limited Liability Company)						
The enc	closed Articles of Dissolution and fee(s) are submit	ted for tiling.				
Please r	return all correspondence concerning this matter to	the following:				
	John Yudin					
	(Name of Person)					
	Guy Yudin & Foster, LLP.					
	(Fin	n/Company)				
	55 SE Ocean Blvd					
		Address)				
	Stuart, FI 34994					
	(City/Sta	te and Zip Code)				
For furt	her information concerning this matter, please call:					
	John Yudin	772 2867372 at ()				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed	d 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		Street Address: Registration Section				
·		Division of Corporations The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	Pendarvis, LLC.		·	
2.	The Articles of Organization	were filed on 5/16/24	and assigned	
	document number 1.2400022	7430		
3.	Note: If the date inserted in the	the dissolution if not effective on the date of filing: 8/5/24 date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.		
ļ.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limited liability copy 605.0707 on back cover letter).	ompany's dissolution pursuant to section	
	dissolution agreed by members			
	dissolution agreed by members			
	dissolution agreed by members		·	
5,	If there are no members, enter activities and affairs:	er the name and address of the person William Austin, 12771 Mariner Ct., Pa	n appointed to wind up the company's alm City, Fl 34990	
ó. ib	Signature of an authorized pove to wind up the company	erson or if there are no members, the sactivities and affairs:	e signature of the person appointed and list	
1	Yedin as Authoriza	Agent & Attorney	bh Yudin	

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.

Pendarvis, LLC. Name of Limited Liability Company:	
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a written claim:	
Claims must include the name, mailing address and current phone number of Claimant	
All claims must be in writing	
Claims must include all specific material facts justifying the claim and include a specific amou	nt purportedly owed
Claims must include all pertinent documentation evidencing the claim is valid	•
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Co-William Austin	orporations)
12771 Mariner Ct.	-
Palm City, Fl 34990	<u> </u>
	

Din Yudin

Printed Name of the Person Filing

Bignature of the Person Filing

Signature of the Person Filing

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

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.