

199 000 000 791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Y. SULKER

APR 23 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Notice of Limited Liability Company Dissolution

**SUBJECT:** \_\_\_\_\_  
L99000000791

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John McE. Miller

\_\_\_\_\_  
(Name of Contact Person)

Rock Solid Law

\_\_\_\_\_  
(Firm/Company)

484 Osceola Avenue

\_\_\_\_\_  
(Address)

Jacksonville Beach, FL 32250

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

John McE. Miller

904

241-1113

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status & 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

## Notice of Limited Liability Company Dissolution

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.

PENGUINTEK, L.L.C.

Name of Limited Liability Company: \_\_\_\_\_

199000000791

Document number of Limited Liability Company is: \_\_\_\_\_

04/02/2020

Date of dissolution was: \_\_\_\_\_

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

Exact amount and nature of claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

3948 SOUTH 3RD STREET, SUITE 151

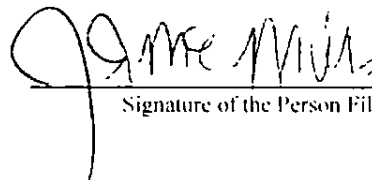
JACKSONVILLE BEACH, FL 32250

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

John McE. Miller

Printed Name of the Person Filing



Signature of the Person Filing