

M11000 003 572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

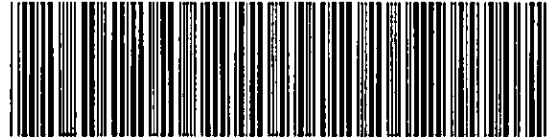
(Business Entity Name)

(Document Number)

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JAN 02 2020

2019 DEC 19 AM 11:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peak Title & Abstract, 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:

Marissa G. Connors

(Name of Person)

Aldridge Pite, LLP

(Firm/Company)

3575 Piedmont Road, NE, Suite 500

(Address)

Atlanta, GA 30305

(City/State and Zip Code)

For further information concerning this matter, please call:

Marissa G. Connors

404

994-7402

at (

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Peak Title & Abstract, LLC

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

July 14, 2011

(Date registered with Florida Department of State)

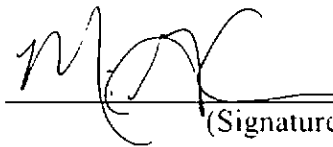
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(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.



(Signature of authorized representative)

Marissa G. Connors, Manager

(Typed or printed name of signee)

2019 DEC 19 AM 11:24

Filing Fee: \$25.00