FAX AUDIT NO.: H21000219133 3 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000219133 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.

Account Number : 072720000142

: (305)442-1567 Phone

Fax Number : (305)442-1227

LLC DISSOLUTION OR WITHDRAWAL PGBF, LLC

7	Certificate of Status	0
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~ 55.	Estimated Charge	\$55.00

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Corporate Filing Menu

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is PGBF LLC	
2.	The Articles of Organization were filed on and assigned and assigned	
	document number Lt 1000071929	
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).	
	Pursuant to the occurrence of an event described in s. 605.0701(1)-(3), the LLC shall deliver for filing articles of	202
	dissolution as provided in this section. The dissolution of the LLC was approved by its members and its	HUL I
	activities and affairs must be wound up.	7
		A. 5
5.	If there are no members, enter the name and address of the person appointed to wind up the company of the person appointed to the person appointed	ğ
	activities and affairs:	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
	John M. Peterman	
	Signaturo Printed Name	

FILING FEE; \$25.00

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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.

Document number of Limited Liability Company is: L11000071929 Date of dissolution was: Description of information that must be included in a written claim: NAME AND ADDRESS OF CLAIMANT, DECRIPTION OF CLAIM AND AMOUNT OF CLAIM ADDRESS OF CLAIMANT, DECRIPTION OF CLAIM AND AMOUNT OF CLAIM ADDRESS OF CLAIMANT, DECRIPTION OF CLAIM AND AMOUNT OF CLAIM
Description of information that must be included in a written claim: NAME AND ADDRESS OF CLAIMANT, DECRIPTION OF CLAIM AND AMOUNT OF CLAIM THE COMMENT OF CLAIM AND AMOUNT AMOUN
NAME AND ADDRESS OF CLAIMANT, DECRIPTION OF CLAIM AND AMOUNT OF CLAIM TALL CALL SS
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
153 SEVILLA AVENUE
CORAL GABLES, FL 33134
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Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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John M. Peterman