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COVER LETTER

TO: Registration Section Division of Corporations	·		
SUBJECT: P3T Proper	ties. LLC		
(Name of L	imited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are sul	bmitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Thomas	G. Edmunds (Name of Person)		
	(Name of Person)		
	(Firm/Company)		
6111-15	& Street East		
Bradent	Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)		
(City/State and Zip Code)			
For further information concerning this matter, please	call:		
Thomas G. Edme (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:	STREET/COURIER ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		OF DISSOLUTION FOR IABILITY COMPANY	30/g
1. The name of a limited	iability company is	LLC	11/0. 07
2. The Articles of Organiz	zation were filed on	5.20.2002	and assigned
document number	020 <u>000121</u>	89	
(effe <u>Note:</u> If the date inserted	ective date cannot be prior to d in this block does not m	ot effective on the date of filition or more than 90 days later than date eet the applicable statutory filing artment of State's records.	ng: <u>June 1</u> 2019 te document is received for filing) g requirements, this date will not be
4. A description of occurr 605.0707, Florida Statut	tes, (copy 605.0707 on	e limited liability company's back cover letter).	dissolution pursuant to section
by P	T Propert	lies, LLC h	las been
Sold	 		
5. If there are no members	, enter the name and ac	ddress of the person appointed	d to wind up the company's
activities and affairs:			
6. Signature of an authorize isted above to wind up the	zed person or if there are company's activities a	re no members, the signature and affairs:	of the person appointed and
Signatur	A DR.	nomas	G. Edmunds

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional	
This notice is submitted by the dissolved limited lial unknown claims against this limited liability comparation.	bility company named below for resolution of payment only as provided in s. 605,0712, F.S.
This "Notice of Limited Liability Company Disso voluntary dissolution.	lution" is optional and is not required when filing a
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:
Mailing address where claims can be sent: (Claims o	annot be sent to the Division of Corporations)
A claim against the above named limited liability corelaim is commenced within 4 years after the filing of	mpany will be barred unless a proceeding to enforce the this notice.
Printed Name of the Person Filing	
Frince (Name of the Person Faling	Signature of the Person Filing

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