105000038419

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
AND ASSEE, FLORIDA

D. BRUCE

MAY 0 4 2009

EXAMINER

·COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Perfectiming Concierge		
(Name of I	Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Rachel R. Gray		
	(Name of Person)	
Perfectiming Concierge		
	(Firm/Company)	
4104 Angel Wing Ct	(Firm/Company)	
	(Address)	
Lutz, FL 33558	TERM IS	
(Cit	y/State and Zip Code)	
For further information concerning this matter, please	call:	
Rachel R. Gray	at (813) 787-3774	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
,	Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2009

RACHEL R. GRAY 4104 ANGEL WINT CT LUTZ, FL 33558

SUBJECT: PERFECTIMING CONCIERGE, LLC

Ref. Number: L05000038419

O9 MAY - 1 PM 3: 13
SECRETARY OF STATE
TALLAHASSEE, FIRME

We have received your document for PERFECTIMING CONCIERGE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 809A00013386

Deborah Bruce Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is Perfectiming Concierge	
2. The Articles of Organization were filed on 4/20/0. L05000038419	and assigned document number
3. The date the dissolution was approved: 4/3/09	•
 A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov (C) Written consent is hereby provided 	d liability company's dissolution pursuant to section er letter). ed by the president, registered agent,
	el R. Gray, submits that LLC, Perfectiming
Concierge is dissolving.	
5. CHECK ONE:	
	hited liability company have been paid or discharged. Obts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribut rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	ny in any court.
Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Rabel Hay	Rachel Gray -
'	O9 MA SECRE ALLA
	ASSOCIATION TO THE PROPERTY OF
	SRY
	TARY OF SIL
	ORDE 13