L07000055300

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01/1\(\psi\)2025

NAME: PJG ENTERPRISES LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Section Division of Corporations								
SUBJEC	PJG ENTERPRISES, LLC								
(Name of Limited Liability Company)									
The encl	losed Articles of Dissolution and fee(s) are submi	tted for filing.							
Please re	eturn all correspondence concerning this matter to	the following:							
	JORDAN HEILMAN								
	(Na	me of Person)							
	QUARLES & BRADY LLP								
	(Fir	'n√Company)							
	411 E. WISCONSIN AVE. SUITE 2400								
	-	(Address)							
	MILWAUKEE, WI 53202								
	(City/St	ate and Zip Code)							
For furth	ner information concerning this matter, please call	l:							
	JORDAN HEILMAN	414 277-3034 at ()							
	(Name of Person)	at ()							
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 Address:							
Registration Section		Registration Section							
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee							
Taflahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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2025 JAN 16 PM 12: 04

1. The name of a limited liability company is	
PJG ENTERPRISES, LLC	TALLAHASSEE FLORIDA
2. The Articles of Organization were filed on $\underline{\underline{M}}$	ay 24, 2007 and assigned
document number L07000055300	
3. The delayed effective date the dissolution if n (effective date cannot be prior t Note: If the date inserted in this block does not t listed as the document's effective date on the Dep	to or more than 90 days later than date document is received for filing) neet the applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted in th 605.0707, Florida Statutes, (copy 605.0707 on	ne limited liability company's dissolution pursuant to section back cover letter).
THE CONSENT OF SOLE MEMBER TO DISSO	DLUTION.
5. If there are no members, enter the name and a activities and affairs:	address of the person appointed to wind up the company's
6. Signature of an authorized person or if there a above to wind up the company's activities and af	are no members, the signature of the person appointed and listed
Signed by:	
orter Johnston Goss	Porter Johnston Goss, Trustee of Sole Member
o/AP58/ECE424D9 Signature	Printed Name

FILING FEE: \$25.00

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.

Name of Limite	ed Liability Company: PJG ENTERPRISES,	LLC				
Document num	ber of Limited Liability Company is:	000055300				
	tion was: DECEMBER 31, 2024					
Description of i	information that must be included in a writt	ten claim;				
THE LEGAL N	AME OF THE CLAIMAINT. CLAIMANT'S A	ADDRESS AN	D OTHER CONTACT	INFORM	IATION	ī.
THE NATURE	OF THE CLAIM, THE DATE THE CLAIM O	CCURED, AN	ND THE AMOUNT OF	THE CLA	AIM.	
						
			· · · · · · · · · · · · · · · · · · ·	AL.	2025	
Mailing address	s where claims can be sent: (Claims cannot	be sent to th	e Division of Corpora	LAWAS	JAN	
	401 FIFTH AVE. S.			SER	16 P	
	NAPLES FL 34102			FLORIDA	PH 12: 04	U
			<u>.</u>	ADA	란	
				/ 		
	the above named limited fiability company thin 4 years after the filing of this notice.	y will be barr	red unless a proceedin	g to enfo	rce the	claim is
		(Signed by:			
PORTER JOHNSTON GOSS			Porter Johnston 6			
Printed Name of the Person Filing			Signature of the Person Filing			