

208000048449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

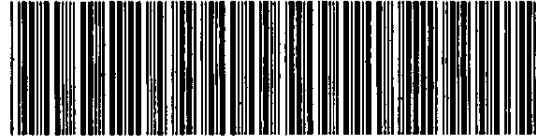
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/18--01001--006 **25.00

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18 APR 16 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
APR 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physical Intelligence Key West 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:

Heather M. Smith

(Name of Person)

Physical Intelligence Key West LLC

(Firm/Company)

5450 MacDonald Ave Ste 1

(Address)

Key West FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Smith

(Name of Person)

at (

239

839-9842

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
18 APR 16 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Physical Intelligence Key West LLC

2. The Articles of Organization were filed on Original - and assigned
document number LO8000048449 last 01/22/17

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)

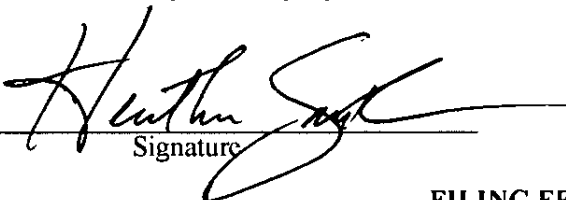
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

September 2018 Hurricane Irma created loss of professional
staff and strain on company cash flow.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Heather Smith Mg. Member

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Heather Smith
Printed Name

FILING FEE: \$25.00