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(Requestor's Name)		
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(Addross)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
<u>_</u>		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
•		
Certified Copies Certificates of Status		
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N. Cuttigen JAN - 6 2012

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Property Manager Solution (Name of Lin	nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Vered Cohen	
(N	ame of Person)
(F	irm/Company)
601 Cleveland St., Suite	501
	(Address)
Clearwater, FL 33755	
(City/S	State and Zip Code)
For further information concerning this matter, please ca	ıll:
Vered Cohen	at (727) 504-0656
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	5 J
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\scriv{\subseteq} \\$60.00 Filing Fee, \text{Certified to f Status & Certified Copy} \\ (additional copy is enclosed) \$\subseteq \\$\subseteq \\$\subseteq \\$\text{additional copy is enclosed} \\ \end{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

12 JAN -4 PH 12: 32

The name of a limited liability company is Property Manager Solutions LLC	SECRETARY OF STATE- TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: 12/1/2011	
 A description of occurrence that resulted in the limited liability company 608.441, Florida Statutes, (copy 608.441 on back cover letter). 	
(c) Unless otherwise provided in the articles of organization or operating agreement, upon the written constitution of the con	
Business is inactive and I wish to close the LLC. I am	the sole member and owner
5. CHECK ONE:	
All debts, obligations and liabilities of the limited liability comp	pany have been paid or discharged.
Adequate provision has been made for the debts, obligations and	d liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distributed among its membrights and interests. 	bers in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company in any court.	
OR- Adequate provision has been made for the satisfaction of any ju entered against it in any pending suit.	adgment, order or decree which may be
ignatures of the members having the same percentage of membership interes	ts necessary to approve the dissolution:
Signature	Printed Name
Verec	d Cohen

FILING FEE: \$25.00