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(Requestor's Name)	
(Address)	20018823
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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EXAMINER

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4	COVER LETTER
	tration Section ion of Corporations
SUBJECT: _	Bigdays PC Service LLC (Name of Limited Liability Company)
The enclosed A	Articles of Dissolution and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Name of Person)
	(Firm/Company)
	3740 NW 19th 57897 (Address)
<i>(</i> *,)	(OCONV + Creek FL 33066 (City/State and Zip Code)
For further info	ormation concerning this matter, please call:
	Name of Person) at (954) 461-9858 (Area Code & Daytime Telephone Number)
Enclosed is a che	rck for the following amount: Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & 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

ice LLC
and assigned document number
O
Pc service femal
liability company have been paid or discharged. bligations and liabilities pursuant to s. 608.4421. ong its members in accordance with their respective any court. ion of any judgment, order or decree which may be
Printed Name Tason Tallot Printed Name 2.07