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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081

Phone

: (509)768-2249

Fax Number

: (855)330-1010

LLC DISSOLUTION OR WITHDRAWAL PIKSIE, LLC

والمستناز كالأنشاف والمسترك والبراي كالباد والمستحد والبريان والمراج	
Certificate of Status	0
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Help

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab PIKSIE, LLC	pility company is		·
2. The Articles of Organizat	ion were filed on 12/03/2	2009 and	assigned
document number L0900	00115395	<u>,</u>	
3. The delayed effective date (effecti	c the dissolution if not effe ve date cannot be prior to or mo	ctive on the date of filing:	ent is received for filing)
605.0707, Florida Statutes	, (copy 605.0707 on back	ted liability company's dissolutioner letter).	tion pursuant to section
Domestication into W	yoming		A A A A A
			APR URET LAHE
			\$25 F
, the same of the			F ST
		s of the person appointed to win	Street and the set
activities and affairs:	Samuel Uresin	s of the person appointed to will	in the the contribution as
	P.O. Box 8337		,
•	Jackson, WY 830	02	
6. Signature of an authorized listed above to wind up the	ed person or if there are no company's activities and a	members, the signature of the ffairs:	person appointed and
•			
An ell.		Samuel Uresin	
Signature		Printed Nar	ne

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: PIKSIE, L	LC	·		<u> </u>	
Document num	ber of Limited Liability Company is:_	L0900	0115395			
Date of dissolut	tion was: 03/18/2015		· · · · · · · · · · · · · · · · · · ·	- ·		
Description of i	information that must be included in a	written clai	m:			
Domestic	cation into Wyoming					
		•				
		· · ·				W
Mailing addres	s where claims can be sent: (Claims can be Sent:)	annot be ser	it to the Divisi	on of Corpoi	rations)	
• •	Jackson, WY 83002	,		- +		
			-			·
				_		
	at the above named limited liability con ithin 4 years after the filing of this not		be barred unle	ss a proceed	ing to enforce	the claim is
Şamuel	Uresin	•, • • •		lun	Plle	
Printed Name of the Person Filing		S	Signature of the Person Filing			

Fee: No charge if included with Articles of Dissolution. If filed separately \$25,00