## 40000047346

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PiCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

D. BRUCE
MAY 0 3 2011
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2011

PATRICE ALLISON 713 GOVERNORS AVE ORLANDO, FL 32808

SUBJECT: P.P.R.S. L.L.C. Ref. Number: L10000047346



We have received your document for P.P.R.S. L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 611A00009852

## **COVER LETTER**

	n of Corporations	
SUBJECT:	P. P. R. S. LLC (Name of Limited Liability Company)	
SUBJECT.	(Name of Limited Liability Company)	
The enclosed Ar	ticles of Dissolution and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	PATRICE ALLESDAY (Name of Person)	
		Waste T
	(Firm/Company)	-
	(Firm/Company)  7/3 GOVERNORS AG  (Address)  (Address)	
	ORVANDO, TO BASOS  (City/State and Zip Code)	الإختياء ويكا
	(City/State and Zip Code)	
For further infor	mation concerning this matter, please call:	
	PATRICE Allison at (407) 299-3147  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a chec	ck for the following amount:	
\$25.00 Filing F	Solutional copy is enclosed)  30.00 Filing Fee & Solutional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  P. P. R. S. LLC	
2. The Articles of Organization were filed on	and assigned document number
<ul> <li>3. The date the dissolution was approved: 4/1///</li> <li>4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover</li> <li>Mo Achvity - Company</li> </ul>	letter).
-OR-Adequate provision has been made for the debt  6. All remaining property and assets have been distributed rights and interests.  7. CHECK ONE:  There are no suits pending against the company of the	
Signatures of the members having the same percentage of me	mbership interests necessary to approve the dissolution:  Printed Name  July J. Phyller
<b>N</b>	HAY -2
	FF B C

**FILING FEE: \$25.00**