

L10000103580

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
PF HOTEL MEZZ, LLC**

Certificate of Status	0
Certified Copy	0
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3/4/2016 10:16:53 AM From: To: 8506176383(2/3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PF HOTEL MEZZ, 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:

Robert Roepsch

(Name of Person)

PF HOTEL MEZZ, LLC

(Firm/Company)

801 Grand Avenue

(Address)

Des Moines, IA 50392-0490

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Roepsch

(Name of Person)

515

283-5508

at (

(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**

1. The name of a limited liability company is
PF HOTEL MEZZ, LLC
2. The Articles of Organization were filed on 10/4/2010 and assigned
document number L10000103580
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).
Upon consent or agreement of the member pursuant to Section 605.0701 (2), Florida Statutes

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

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

Robert C. Rorzech
RE Equity Administrator
Authorized person
Printed Name

FILING FEE: \$25.00