L10000110048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

FEB 17 2025

Office Use Only

300442645933

FILED
2025 FEB 14 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2025 FEB 14 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/14/2025

WALK IN

ENTITY NAME PT FIRENZE LLC

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXXXX	*Plain Copy*
_____	*Certified Copy*
_____	*Certificate of Status*
_____	_____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____	*Certified Copy of Arts & Amendments*
_____	*Certificate of Good Standing*
_____	_____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $25.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2025 FEB 14 PM 1:05

1. The name of a limited liability company is
PT FIRENZE LLC

2. The Articles of Organization were filed on 10/21/2010 and assigned

document number L10000110048

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).
The company's dissolution is a result of no business activity.

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

611 S. Fort Harrison Avenue, Suite 357, Clearwater FL 33756

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

Craig Jensen, Manager
Printed Name

FILING FEE: $25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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 Limited Liability Company: PT FIRENZE LLC

Document number of Limited Liability Company is: L10000110048

Date of dissolution was: February 2025

Description of information that must be included in a written claim:

The name of the claimant, the date of the claim, the event giving rise to the claim, the amount claimed,

and the name, address and telephone number of the contact to whom the company should reply to

regarding the claim,

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

611 S. Fort Harrison Avenue, Suite 357, Clearwater FL 33756

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Craig Jensen

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00