

L11 0000 29613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

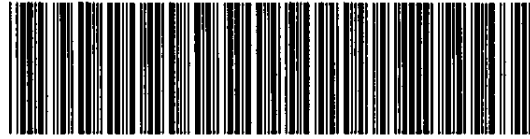
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/30/13--01008--020 \*\*25.00

FILED  
2014 JAN -2 8AM 11  
SECRETARY OF STATE  
SILVER SPRING, MARYLAND

JAN - 8 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PTA GIFT STORE 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:

Beth Lisa Cleary  
(Name of Person)  
PTA Gift Store LLC.  
(Firm/Company)  
6755 N W 3rd Street  
(Address)  
Margate, FL 33063  
(City/State and Zip Code)

2014 JAN -2 AM 11:11  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Beth Lisa Cleary at (954) 464-9160  
(Name of Person) (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

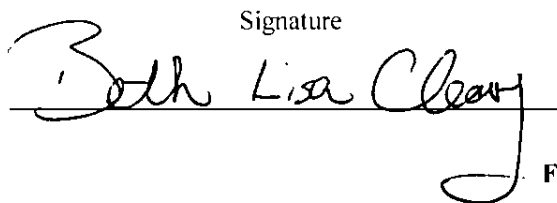
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
PtA Gift Store LLC.
  
2. The Articles of Organization were filed on March 9, 2011 and assigned  
document number L11000029613
  
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013
  
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).

Dissolution Of Partnership.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Beth Lisa Cleary 6755 N.W. 3rd Street  
Margate, Fl 33063

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	Printed Name
<u></u>	<u>Beth Lisa Cleary</u>

FILING FEE: \$25.00

2014 JAN -2 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310