

L11000048895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12/18/14--01008--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 DEC 18 PM 2:09

FILED

EFFECTIVE DATE 12/20/14

DEC 23 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCO DESIGN, 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:

FRANCISCO ALACID LICIAN

(Name of Person)

PCO DESIGN, LLC

(Firm/Company)

4230 PABLO PROFESSIONAL COURT 103

(Address)

JACKSONVILLE, FL 32224

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO ALACID

(Name of Person)

904

at ()

5240034

(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

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
PCO DESIGN, LLC
2. The Articles of Organization were filed on 4/26/2011 and assigned
document number L11000048898
3. The delayed effective date the dissolution if not effective on the date of filing: 12/20/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
LACK OF ACTIVITY, CHANGE OF BUSINESS AND LOCATION BY OWNER
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: FRANCISCO ALACID LICIAN
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

FRANCISCO ALACID LICIAN

Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE

2014 DEC 18 PM 2:09

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