

1100004895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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

(Business Entity Name)

(Document Number)

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

**Special Instructions to Filing Officer:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Office Use Only

EFFECTIVE DATE 12/20/14

DEC 23 2014  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**PCO DESIGN, LLC**  
**SUBJECT:** \_\_\_\_\_

(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**

**5240034**

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)

2014 DEC 18 PM 2:09  
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**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  
**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**

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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:

**FRANCISCO ALACID LICIAN**

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Signature

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Printed Name

**FILING FEE: \$25.00**

2014 DEC 18 PM 2:09  
FILED  
FLORIDA SECRETARY OF STATE  
RECEIVED  
12/20/2014  
12:09 PM  
FEE PAID  
12/20/2014

EFFECTIVE DATE **12/20/14**