111000076635

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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12/10/12--01017--013 **25.00

T. CLINDA DEC 31 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2012

JERROD NEAL 3771 NW 23RD PL COCONUT CREEK, FL 33066

SUBJECT: PROFESSIONAL EDUCATORS REPRESENTATION SERVICE, LLC

Ref. Number: L11000076635

We have received your document for PROFESSIONAL EDUCATORS REPRESENTATION SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 912A00029285

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Professional Educators Representation Service
(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:

Jerrod S. Neal		
(Name of Person)		
Professional Educators Representation Service	ZOIZ SEG FALL	
3771 NW 23rd PL		marien Li
(Address)	SSE SSE	COATES!
Coconut-Creek FL 33066 (City/State and Zip Code)	OF STA	T C
(20,7, 2.1, 0020)	9	

For further information concerning this matter, please call:

Jerrod S, Neal at (954) 834-6087
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ρ \$60.00 Filing Fee,
 Certificate of Status &
 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

Professional Educators Repre	sentation Service
2. The Articles of Organization were filed on 7/9/ L11000076635	2011 and assigned document number
3. The date the dissolution was approved: $\frac{1130/2}{2}$	012
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	ed liability company's dissolution pursuant to section
	ome to maintain bills and
5. CHECK ONE:	
-OR-	mited liability company have been paid or discharged.
• •	ebts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribut rights and interests.	ted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of r	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Jenod Neal	Jerrod Neal
	

FILING FEE: \$25.00