

L12000057200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 03 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PT SLIDE 'N CLOSURES, 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:

THOMAS C. AND PATRICIA P. ROSE

(Name of Person)

(Firm/Company)

2053 DIPPER LOOP

(Address)

THE VILLAGES, FL 32162

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS C. ROSE

(Name of Person)

at

352

350-2494

(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)

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TALLAHASSEE, FLORIDA

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
PT SLIDE 'N CLOSURES, LLC
2. The Articles of Organization were filed on APRIL 27, 2012 and assigned
document number L12000057200
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)
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 BUSINESS FAILED BECAUSE OF LACK OF CUSTOMER SUPPORT IN THE
VILLAGES, FLORIDA AREA AND AN ABUNDANCE OF GOLF CAR BUSINESSES
IN THE TRI-COUNTY AREA OF LAKE, MARION AND SUMTER COUNTIES.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: NOT APPLICABLE
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

THOMAS C. ROSE

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED