L1200060196

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1)		

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2015 JAN 27 PM 1: 56

COVER LETTER

Div	ision of Corporations			
SUBJECT:	PA Advanced Consulting			
	(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:			
	Pierre Aschenbroich			
	(Name of Person)			
	PA Advanced consulting			
	(Firm/Company)			
	35 Fishermans cove rd			
	(Address)			
	Ponte Vedra FL 32082			
	(City/State and Zip Code)			
For further in	iformation concerning this matter, please call:			
_	(Name of Person) at (LDL) 2157169 (Area Code & Daytime Telephone Number)			
Enclosed is a	check for the following amount:			

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

TO:

Registration Section

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

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2015 JAN 27 PM 1: 56

1.	The name of a limited liability company is PA Advanced Consulting LLC SECRETAR FOR STATE TALLAHASSEE, FLORIDA
2.	The Articles of Organization were filed on $05-11-2012$ and assigned
	document number <u>L120000 60196</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: February 1st 2015 (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).
	I relocated in Atlanta GA to better run my business
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Here Aschenbooics
	492 Milledge gate Ten.
	Marietta GA 30067.
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Asch ENBROICH Signature Printed Name

FILING FEE: \$25.00