

L12 0000 88905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

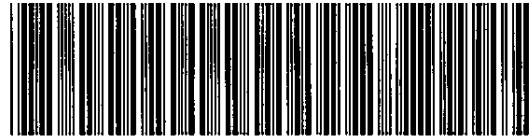
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300256042213

02/04/14--01014--006 **25.00

14 FEB -4 PM 10:23
RECEIVED
TALLAHASSEE, FLORIDA

J. Shivers FEB 05 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PC CONDITION 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:

ANDREW JOEL GORDON

(Name of Person)

PC CONDITON

(Firm/Company)

1609 NW 20TH WAY

(Address)

GAINESVILLE, FL 32605

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Gordon

(Name of Person)

at (352) 870-9584

(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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

PC CONDITION LLC

2. The Articles of Organization were filed on 07/09/2012 and assigned
document number L12000088905

3. The delayed effective date the dissolution if not effective on the date of 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).

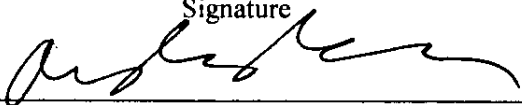
No longer consulting for or repair computers for individuals or companies.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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

Printed Name



Andrew Gordon

FILING FEE: \$25.00

FILED
14 FEB -6 PM 01:23
TALLAHASSEE, FLORIDA