

L12000138527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

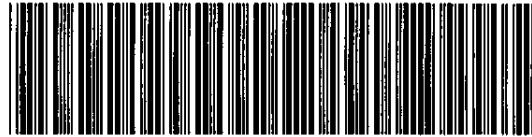
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/29/15--01036--018 **25.00

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2015 DEC 29 P 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 31 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.M.C Product Management Company 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:

Clemens Pauly, Esq

(Name of Person)

Pauly P.A.

(Firm/Company)

815 Ponce de Leon Blvd, Ste 209

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Clemens W. Pauly, Esq at 305 648-3909

(Name of Person)

(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
P.M.C PRODUCT MANAGEMENT COMPANY LLC
-
2. The Articles of Organization were filed on 10/31/2012 and assigned
document number L12000138527
3. The delayed effective date the dissolution if not effective on the date of filing: upon filing
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
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 LLC is dissolved pursuant to a resolution of all of its members
-
-
-
-
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: N/A
-
-
-
-
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

Gerald Schimpl, Pres/Schimpl Int.Management Corp

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
ALLAHUSSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: P.M.C PRODUCT MANAGEMENT COMPANY LLC

Document number of Limited Liability Company is: L12000138527

Date of dissolution was: upon filing

Description of information that must be included in a written claim:

Full name, address and telephone number of claimant along with a
sufficient description of the claim to allow us to identify the basis,
including the date the alleged debt was incurred.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Gerald Schimpl

Wielands 25


AT -3950 Gmünd

Austria

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Gerald Schimpl

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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TALLAHASSEE, FLORIDA