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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



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MAR 2 4 2015

T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/23/15

NAME:

PINNACLE PROFESSIONAL SERVICES GROUP, LLC

TYPE OF FILING: DISSOLUTION

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is PINNACLE PROFESSIONAL SERVICES GROUP, LLC				
2.	The Articles of Organization were filed on January 24, 2013 and assigned				
	document number L13000012817				
3.	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 05.0707, Florida Statutes, (copy 605.0707 on back cover letter). Written consent of all the Members of the Pinnacle Professional Services Group, LLC				
to dissolve the Company.					
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
activities and affairs:					
_					
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:				
	Nina Vaca-Humvichouse Printed Name				

FILING FEE: \$25.00

15 MAR 23 AN IO: 15
SECRETARY OF STATE
SECRETARY OF STATE

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	e of Limited Liability Company:		
Docur	ment number of Limited Liability Company is: L13000012817		
Date o	of dissolution was:		
Descr	ription of information that must be included in a written claim:		
Date	e of claim, description of actions that led to alleged claim, physical address, email		
addr	ress, and phone number of contact person associated with alleged claim.		
Mailii	ng address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	3,00	12 14 14 14 14 14 14 14 14 14 14 14 14 14
	5501 Lyndon B. Johnson Fwy, Suite 600	23	- igra
	Dallas, TX 75240		1
	Attn: General Counsel	計10:15	,
	RIDE	5	
	im against the above named limited liability company will be barred unless a proceeding to enforce the commenced within 4 years after the filing of this notice.	ne	
Hina	VICA- Huwwichouse Printed Name of the Person Filing Signature of the Person Filing	1	

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