

L130000 27849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

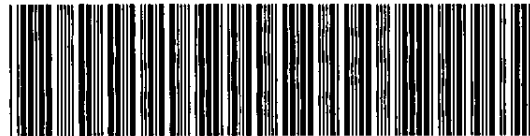
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers JAN 22 2015

SECRET
15 JAN 12 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P AND J HOLDINGS I, 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:

SHAWN C. SNYDER

(Name of Person)

SNYDER & SNYDER, P.A.

(Firm/Company)

7931 SW 45TH STREET

(Address)

DAVIE, FLORIDA 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

ILIANA IRIZARRY

(Name of Person)

954

475-1139

at ()

(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 AND J HOLDINGS I, LLC
2. The Articles of Organization were filed on FEBRUARY 22, 2013 and assigned
document number L13000027849
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).
Pursuant to Article VIII of the Operating Agreement of the Company, the sole Member
of the Company has agreed by written consent 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: PAUL E. MULLINGS
10355 NW 69 MANOR
PARKLAND, FLORIDA 33076
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

PAUL E. MULLINGS

Printed Name

FILING FEE: \$25.00

15 JAN 12 PM 3:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA