L13000 100 145

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL							
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COVER LETTER

TO:

TO:		ration Section on of Corporations	<i>,</i> /					
SUBJI	ECT:	PSD Partners, LLC						
501501	<u></u>	(Name of Limited Liability Company)						
The en	nclosed A	rticles of Dissolution and fee(s) are submitt	ed for filing.					
Picase	return al	l correspondence concerning this matter to	the following:					
		Patsy Denton						
	(Name of Person)							
	PSD Partners, LLC							
	(Firm/Company)							
		3066 SE Island Point Lane						
	(Address)							
		Stuart, FL 34996	(City/State and Zip Code)					
		(City/Sta	te and Zip Code)					
For fu	rther info	rmation concerning this matter, please call:						
Amie Delozier			586 777-9444					
		(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclos	ed is a che	ck for the following amount:						
	■ \$25.00 Filing Fee and Certificate of Dissolution Mailing Address: Registration Section		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
			Street Address: Registration Section					
	Divis	sion of Corporations	Division of Corporations					
		Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
	тапа	hassee, FL 32314	Tallahassee, FL 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited lia PSD Partners, LLC	bility company is			多多个
rsb ranners, LLC	.		·	
2. The Articles of Organizat	tion were filed on July 16,	2013	and assigned	(EB 2) PH (2: 0)
document number L13000	0100745			1
Note: If the date inserted i	te the dissolution if not effi tive date cannot be prior to or n in this block does not meet t fective date on the Departm	he applicable statutor	ian date document is receive y filing requirements, this	
A description of occurrent 605.0707, Florida Statutes	nce that resulted in the lims, (copy 605.0707 on back	nited liability compa k cover letter).	ny's dissolution pursua	nt to section
Business Voluntarily Closed	j			
Business Voluntarily Closed Business Voluntarily Closed				
i. If there are no members, activities and affairs:	enter the name and addres	ss of the person app	ointed to wind up the co	ompany`s
		<u>.</u>		
6. Signature of an authorize above to wind up the compa	ed person or if there are no my's activities and affairs	o members, the signal:	ature of the person appo	ointed and listed
		Patsy	Printed Name	

FILING FEE: \$25.00