

L13000 1321083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

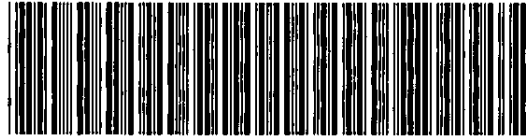
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2015 JAN -6 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 16 2015  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Performing Cuts 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:

Jid A. Gutty  
(Name of Person)

Performing cuts LLC  
(Firm/Company)

22921 Sailfish Road  
(Address)

Boca Raton, Florida 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jid A. Gutty at (561) 479-7679  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JAN -6 PM 12:00

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

1. The name of a limited liability company is

Performing Cuts LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned

document number EIN.463552265

3. The delayed effective date the dissolution if not effective on the date of filing: 12/1/00  
(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).

My Company Performing Cuts LLC has  
lost 3/4 of accounts activity also I have  
No employees Nor did I have any in the past year,

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

Jid A. Gatty  
22921 Sailfish Road  
Boca Raton, Florida 33428

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:

x

Signature

Printed Name

**FILING FEE: \$25.00**

2015 JAN - 6 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**