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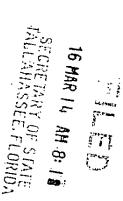
(Re	questor's Name)					
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MAR 15 2016 J SHIVER'S

COVER LETTER

TO:

Registration Section
Division of Corporations

_{cr.} Pie-in-the-Sky Industries, 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:

Joseph G. Mott, Jr.

[Name of Person]

Joseph G. Mott, Jr. PA CPA

[Firm/Company]

1859 Banks Road

[Address]

Margate, FL 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph G. Mott, Jr.

_{a,/}954

772-5757

(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 liabil	ity company is					
	Pie-in-the-Sky Industries, LLC						
2.	The Articles of Organization		2/2013	and	d assigned		_
	document number L1300013	9239					
3.	The delayed effective date t (effective Note: If the date inserted in t listed as the document's effective	date cannot be prior to o his block does not mee	r more than 90 days later t the applicable statuto	than date docum ory filing requir			
4.	A description of occurrence	that resulted in the l	imited liability com	pany's dissolu	ition pursuant	to sec	tion
	605.0707, Florida Statutes, (Closing the business	copy 605.0707 on ba	ick cover letter).				
							-
					TAL SE		
					CR A		-
					표 2寸	MAR	
				_	SSEE.	A	FY
5.	If there are no members, ent	er the name and add	ress of the person ap	pointed to wi	nd up the com	p a≘ y's	
	activities and affairs:	Judith Russell				23 /	
		P.O. Box 480399			>		-
	·	Fort Lauderdale, FL	33348				
	. •						-
6. lis	Signature of an authorized p ted above to wind up the con	erson or if there are apany's activities and	no members, the sig d affairs:	mature of the	person appoint	ed and	d
	<u> </u>	1 . 11					
	Joding G.	MM	Judith Russell				
	Signature			Printed Nan	ne		-
	V	FILIN	G FEE: \$25.00				