

LB000174142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

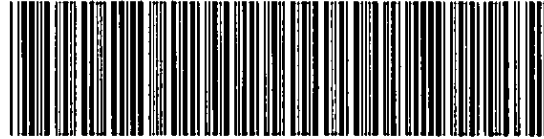
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/15/2019 11:15:01

2020 FEB 28 PM 4:56

C. GOLDEN

MAR 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIMA DISTRIBUTING LLC L13000174142

(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:

BARRY SCHRAYER

(Name of Person)

PIMA DISTRIBUTING

(Firm/Company)

1732 STEADLEY AVE

(Address)

PUNA GORDA FL 33950

(City/State and Zip Code)

For further information concerning this matter, please call:

BARRY SCHRAYER

(Name of Person)

954

461-6111

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2020 FEB 28 PM 4:56

1. The name of a limited liability company is
PIMA DISTRIBUTING LLC
2. The Articles of Organization were filed on 12/18/2013 and assigned
document number L13000174142
3. The delayed effective date the dissolution is not effective on the date of filing: 02/25/2020
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).

CLOSED BUSINESS

CLOSED BUSINESS

CLOSED BUSINESS

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

BARRY SCHRAYER

1732 STEADLEY AVE

PUNTA GORDA FL 33950

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

BARRY SCHRAYER

Printed Name

FILING FEE: \$25.00