

L14000160957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

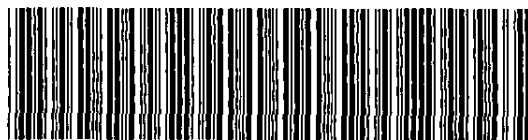
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAY 13 PM 1:56
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING


FILED
2015 MAY 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. C. MAY 14 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 614447 8017896

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : May 1, 2015

ORDER TIME : 12:36 PM

ORDER NO. : 614447-010

CUSTOMER NO: 8017896

DOMESTIC FILINGS

NAME: POWER HORSE TRAINING, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT# 62974

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2015 MAY 13 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
POWER HORSE TRAINING, LLC

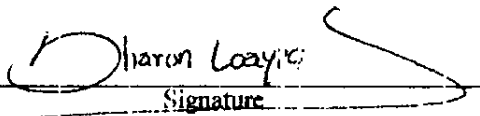
2. The Articles of Organization were filed on 10/15/2014 and assigned
document number L14000160957

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)
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).
No longer using 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:

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

Sharon Loayza, Member
Printed Name

FILING FEE: \$25.00