

**L15 0000 13865**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

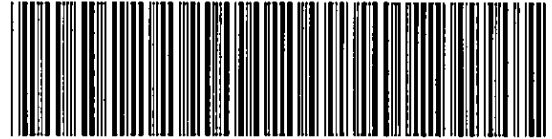
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**600335923816**

10/24/19--01022--024 \*\*55.00

2019 OCT 24 PM 2:03

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEAKS AND VALLEYS TRADING, 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:

CHRISTOPHER C. SHAPIRO  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5491 URBANE ST. NORTH  
(Address)

ST. PETERSBURG, FL 33714  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at ( 727 ) 215-5912  
(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 liability company is

PEAKS AND VALLEYS TRADING, LLC

2015 OCT 24 PM 2:03

2. The Articles of Organization were filed on 7/10/2018 and assigned

document number L15000013865

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(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).

MAINTENANCE / MECHANICAL BREAKDOWNS / EXPENSES VS.

INCOME

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

CHRISTOPHER C. SHAPIRO

5491 URBANE ST. NORTH

ST. PETERSBURG, FL 33714

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

CHRISTOPHER C. SHAPIRO

Printed Name

FILING FEE: \$25.00