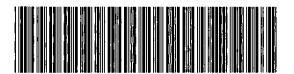
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(Re	questor's Name)					
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COVER LETTER

TO:

Registration Section Division of Corporations

PONGOHS

SUBJECT:

(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:

John Staubly		
	(Name of Person)	- ,,
	(Firm/Company)	
614 Estates P	I	
	(Address)	
Longwood, FL	32779	
	(City/State and Zip Code)	

For further information concerning this matter, please call:

John Staubly

945-2293

(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 liabi	lity company is					
2.	The Articles of Organization	n were filed on April 2	7, 2015	and assigned			
	document number L150000	73441	-				
3.	Note: If the date inserted in	date the dissolution if not effective on the date of filing: March 10, 2016 fective date cannot be prior to or more than 90 days later than date document is received for filing) ed in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes,	that resulted in the lin (copy 605.0707 on back	nited liability company's d k cover letter).	lissolution pursuant to	section		
	The company never get off the ground and is being dissoved due to inactivity.						
5.	If there are no members, en activities and affairs:	ter the name and addre	ss of the person appointed	to wind up the comp	anos MA		
	activities and arians.	614 Estates Pl		NRY C	7		
		Longwood, FL 32779		FLORIDA	96 97 M		
6. lis	Signature of an authorized pated above to wind up the con	person or if there are no inpany's activities and a	o members, the signature o affairs:	of the person appointe	d and		
	Male	<u> </u>	John Staubly				
/	Signature			d Name			
		FILING	FEE: \$25.00				