L15000185264

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K. SALY DEC 14 2016

COVER LETTER *

TO:	Registration Section Division of Corporations		•
SUBJE	Park Shore Capital, LLC		
	(Name of Limited	d Liability Compan	у)
The enc	closed Articles of Dissolution and fee(s) are submitte	ed for filing.	
Please r	return all correspondence concerning this matter to the	ne following:	
	Pasquale Antonetti Jr		
	(Name	e of Person)	
	Park Shore Capital, LLC		
	(Firm	/Company)	
	3200 Bailey Lane Suite 155		
	(A	ddress)	
	Naples, FL 34105		
	(City/State	e and Zip Code)	
For furt	her information concerning this matter, please call:		
	Pasquale Antonetti Jr	239	293-0649
	(Name of Person)		de & Daytime Telephone Number)
Enclosed	l is a check for the following amount:		
	\$25.00 Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolution & ppy (additional copy is enclosed)
	MAILING ADDRESS:	STRE	EET/COURIER ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

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

	ARTICLES OF DISSOLUTION	JN FI
	A LIMITED LIABILITY COMP	20.
Th	C. 11 P. 1 (P)	2018 050 13
	ted liability company is	TASECTOC .
ParkShoreCapital,L	<u> </u>	- 'ALL ALARY OF
The Articles of Org	anization were filed on 10/29/2015	103FE.
document number_	L15000185264	
Note: If the date ins	ve date the dissolution if not effective on the da (effective date cannot be prior to or more than 90 days laterted in this block does not meet the applicable statunt's effective date on the Department of State's recor	er than date document is received for filing) tory filing requirements, this date will not be
A description of oc 605.0707, Florida S	currence that resulted in the limited liability contatutes, (copy 605.0707 on back cover letter).	mpany's dissolution pursuant to section
The membership inte	rests consent to the dissolution of Park Shore Capital	.LLC
	- Comment to the distribution of a distribution of a	, 120
If there are no mem	bers, enter the name and address of the person a	appointed to wind up the company's
activities and affair	s:	
		
Signature of an autl	norized person or if there are no members, the sign the company's activities and affairs:	ignature of the person appointed and
. 1	/	
3 L/ a // 1		
Sal HI	PasqualeAnto	onettiJr.

FILING FEE: \$25.00