L16 000006861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

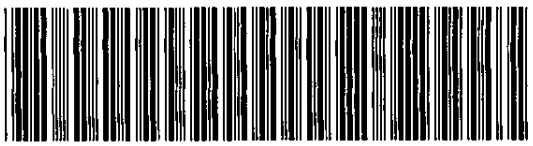
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300287922473

07/18/16--01027--006 **25.00

FILED
2016 JUL 18 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. GALY
EXAMINER
JUL 19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pecora Consulting Services 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:

Thomas Pecora
(Name of Person)

Pecora Consulting Services LLC
(Firm/Company)

2115 N. Newhall St.
(Address)

Milwaukee, WI 53202
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Pecora at (571) 426-3354
(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

FILED
2016 JUL 18 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Pecora Consulting Services LLC

2. The Articles of Organization were filed on 01/11/2016 and assigned

document number L16000006861

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).
Principal officer, Thomas Pecora, has moved residency to the State of Wisconsin and will cease all activities in Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Thomas Pecora
2115 N. Newhall St.
Milwaukee, WI 53202

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

THOMAS PECORA
Printed Name

FILING FEE: $25.00