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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
 		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Peter Curtis	Liability Company)	
(Name of Emilieu	Enonity Company)	
The enclosed Articles of Dissolution and fee(s) are submitted. Please return all correspondence concerning this matter to the		
Stevan Mark 20	aiman of Person)	
Peter Kurtis	Company)	
4251 Rock Island	Rd HICG	
Lauderhill, F1, 332 (City/State	and Zip Code)	
For further information concerning this matter, please call:		
Stevan Zaiman (Name of Person)	at (186) 246-168 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\sim \\$25.00\$ Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution &	
عند عدي المالية	Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Peter Kurtis, LLC
2.	The Articles of Organization were filed on May 20th 2016 and assigned
	document number 11000098847
3.	The delayed effective date the dissolution if not effective on the date of filing: Way with a common 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).
	The company is not economically viable.
	2021 TALU
	AHAR 2
	SEE J
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Stevan 2aman
	4251 ROCK Island Rd#119
	Lauderhill, FI, 33319
c	Signature of an authorized person or if there are no members, the cignature of the person appointed and lists
o. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listo ove to wind up the company's activities and affairs:
1	Signature Stevan Mark Zaiman Printed Name

FILING FEE: \$25.00