## L16000165016

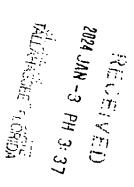
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
. Certified Copies Certificates of Status		
Special Instructions to Filing Officer		

Office Use Only



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2024 JAN -3 PM 12: 00

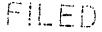


## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>01/03/2024</u>	_	**WALK IN*
ENTITY NAME ANZU	PIVOTAL LLC	
DOCHMENT MUMBER		
DOCUMENT NUMBER		
	**PLEASE FILE THE	FATTACHED AND RETURN**
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
*		LLOWING FOR THE ABOVE ENTITY**
<del></del>	Certified Copy of Arts &	
		- Amendments Complete File (Inclading Annual Reports)
<del></del>	Certificate of Status	<i>.</i>
		OTARIAL CERTIFICATION**
ADJUNTOJ DE DECTUA	,	
COUNTRY OF DESTINAT NUMBER DE REPTIEIRS	<del></del>	
NUMBER OF CERTIFICAT	IES REQUESTED	
TOTAL OWED \$ 25		ACCOUNT # 120140000108 United Corporate Services, Inc.  Thank you so much!
Please call Tina at th	re above number for any	y issues or concerns. Thank you so much!

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2024 JAN -3 PM 12: 01 1. The name of a limited liability company is TALLAHASSEE, FLORIDA Anzu Pivotal LLC 2. The Articles of Organization were filed on \_\_\_09/02/2016 \_ and assigned document number \_\_\_\_L16000165016 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). The consent of the members 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 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: David Seldin David Seldin E2038B2024C140D Signature Printed Name

**FILING FEE: \$25.00**