

# L17000035021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

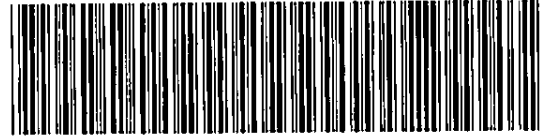
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



100428121891

2024 APR 23 AM 9:18  
CLERK OF STATE  
TALLAHASSEE, FL  
CID

2024 APR 23 PM 12:45  
CLERK OF STATE  
TALLAHASSEE, FL  
RECEIVED

15. HUNT



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
For any issues please contact  
Xavian Brown  
518-213-0739

Date: 04/22/2024

Name: Xavian Brown

Reference #: 2265076

Entity Name: PF NC5 LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

2024 APR 23 AM 9:18  
CLERK OF STATE  
TALLAHASSEE, FL

Authorized Amount: \$25

Signature: *XPM*

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is \_\_\_\_\_  
PF NC5 LLC
2. The Articles of Organization were filed on \_\_\_\_\_ 2/13/2017 \_\_\_\_\_ and assigned  
document number \_\_\_\_\_ L17000035021 \_\_\_\_\_
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).

LLC is no longer conducting business in the state

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:

\_\_\_\_\_  
/s/ Justin Vartanian  
Signature

\_\_\_\_\_  
Justin Vartanian  
Printed Name

**FILING FEE: \$25.00**

