## 117000049466

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

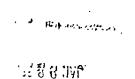
Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: PSAA Properties LLC		
(Name of Limited Liability Company)		
the enclosed Articles of Dissolution and fee(s) are submitted for filing.		
lease return all correspondence concerning this matter to the following:		
Paue Hyman (Name of Person)		
(Figure of Ferson)		
PSHA Inpurhes LLC (Firm/Company)		
(Firm/Company)		
2924 Casmet Ct		
(Address)		
St Augustini R 32092		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Paula Hybran at (904) 924-4485 (Name of Person) (Area Code & Daytime Telephone Number)		
nclosed 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: STREET/COURIER ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is PSAA POPERINES LLC	·	
2. The Articles of Organization were filed on3	20/17 and assigned	
document number <u>L170000 4940</u>	6	
3. The delayed effective date the dissolution if not effective date cannot be prior to or mor Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department	applicable statutory filing requirements, this date will not be	
<ol> <li>A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back of</li> </ol>	ed liability company's dissolution pursuant to section over letter).	
ant want this blo	- anymore no =	
monies were excha	rget using this life of	
If there are no members, enter the name and address activities and affairs:	of the person appointed to wind up the company's	
6. Signature of an authorized person or if there are no n listed above to wind up the company's activities and aff	nembers, the signature of the person appointed and airs:	
Paulalyman	Paula Hoffmann	
Signatur <b>e</b> •	Printed Name	

FILING FEE: \$25.00