

L17000 203 W37

(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



600423425136

02/09/24--01015--009 **25.00

2024 FEB -9 PM 4:39
FILED IN 600423425136

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PICKERT 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:

DAVID PICKERT

(Name of Person)

(Firm/Company)

5320 LAYTON DRIVE

(Address)

VENICE, FLORIDA 34293

(City/State and Zip Code)

2024 FEB -9 PM 11:39
SECRET
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call.

DAVID PICKERT

941

218-9093

at (

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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 _____.

PICKERT LLC

2. The Articles of Organization were filed on 10/02/2017 and assigned

document number L17000203437

3. The delayed effective date the dissolution if not effective on the date of filing: 2/1/2024
(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).

Members agree to close business.

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:


Signature

David Pickert

Printed Name

FILING FEE: \$25.00