

119000066033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

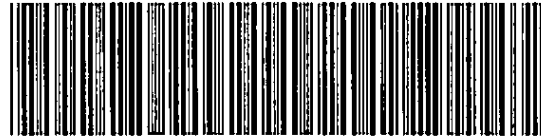
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**FILED**

**Dec 29, 2021 08:00 AM**

**Secretary of State**

01/12/22-- 01004--011 \*\*125.00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PJT HOLDINGS LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Abandonment of Conversion and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BERNARD SCHLOSSBERG

\_\_\_\_\_  
Name of Person

SCHLOSSBERG & CO

\_\_\_\_\_  
Firm/Company

9900 WEST SAMPLE ROAD SUITE 316

\_\_\_\_\_  
Address

CORAL SPRINGS FLORIDA 33065

\_\_\_\_\_  
City/State and Zip Code

BSCLOSSBERG1040@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNARD SCHLOSSBERG

\_\_\_\_\_  
Name of Person

954  
at (\_\_\_\_\_) Area Code

646 2406  
Daytime Telephone Number

**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

**FILED**  
**Dec 29, 2021 08:00 AM**  
**Secretary of State**

**STATEMENT OF ABANDONMENT OF CONVERSION**

Pursuant to section 605.1044(3), Florida Statutes, I hereby submit the following Statement of Abandonment of Conversion prior to the effective date of the Articles of Conversion:

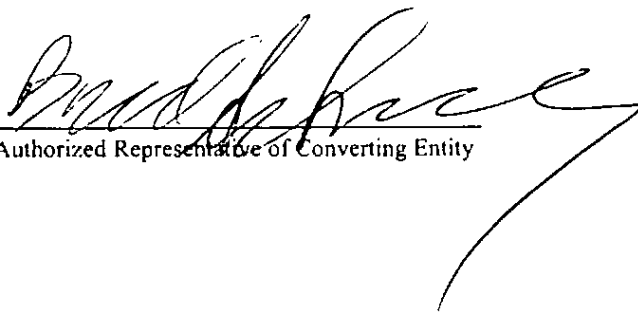
**FIRST:** The name of the converting limited liability company is:

PJT HOLDINGS LLC

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**SECOND:** The date articles of conversion were delivered for filing is: ~~12/29/2021~~ 12/20/2021

**THIRD:** The conversion has been abandoned in accordance with s. 605.1044, Florida Statutes.



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Authorized Representative of Converting Entity

BERNARD SCHLOSSBERG

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Typed or Printed Name of Signature

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Signature of Authorized Representative

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Typed or Printed Name of Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**