To: -18506176383

Division of Corporations **Electronic Filing Cover Sheet**

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(((H210003177743)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068 Phone : (407)326-8484 : (407)604-5519 Fax Number

LLC DISSOLUTION OR WITHDRAWAL PR SERVICE LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

AUG 25 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	PR SERVICE LLC					
<i>30.091.</i>	(Name of Limite	d Liability Company)				
The end	closed Articles of Dissolution and fee(s) are submitte	ed for filing.				
Please	return all correspondence concerning this matter to the	he following:				
	Rubem Souza					
	(Nan)	e of Person)				
	Medeiros Souza Corp					
	(Firm/Company)					
	845 N GARLAND AVE, STE 100					
	· ·	Address)				
	ORLANDO	D, FL 32801				
	(City/State and Zip Code)					
For further information concerning this matter, please call:						
	Rubem Souza	407	326-8484			
	(Name of Person)	at ()	me Telephone Number)			
	(Name of Person)	(Mea Code te trayti	ne reseptione villacety			
Enclose	d is a check for the following amount:					
C	S25.00 Filing Fee and Certificate of Dissolution	\$55,00 Filing Fee, Certified Copy (addition)				
	MailingAddress:	StreetAddress:				
	Registration Section	 Registration Section Division of Corporati 	ons			
	Division of Corporations P.O. Box 6327	The Centre of Tallaha				
	Tallahassee, FL 32314	2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is PR SERVICE LLC			AUG 34		
		06/27/2019		- <u>-</u> -		
2.	The Articles of Organization were filed on		and assigned	3		
	document numberL19000169033	-		MID: 17		
3.	reflective date cannot be prior to or more Note: If the date inserted in this block does not meet the	d effective date the dissolution if not effective on the date of filing: teffective date cannot be prior to or more than 90 days later than date document is received for filing) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be edocument's effective date on the Department of State's records.				
4.	A description of occurrence that resulted in the limite 605.0707, Florida Statutes, (copy 605.0707 on back co	d liability company's over letter).	dissolution pursuant to see	etion		
The company will no longer be in operation, its activities						
	have ended					
				_		
				_		
				_		
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. ab	Signature of an authorized person or if there are no move to wind up the company's activities and affairs:	nembers, the signature	of the person appointed a	— nd listed		
		Rube	m Souza			
	Signature	Prin	ited Name	_		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Page: 7 of 9

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712. F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a written cl	aim:
	2021
	ਨੌ
	AM 10: 17
Mailing address where claims can be sent: (Claims cannot be se	
A claim against the above named limited liability company wil claim is commenced within 4 years after the filing of this notice	I be barred unless a proceeding to enforce the e.
Printed Name of the Person Filling	Signature of the Person Filing