L19000179180

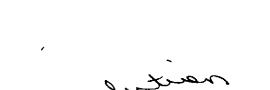
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/19/22--01026--004 **25.00



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D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRICK (Na	me of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
	(Name of Person)
	(Firm/Company)
1424 NW	Coconut Point Lane
Stuart	FL 34994 (City/State and Zip Code)
For further information concerning this matter	, please call:
(Name of Person)	at (310) 493-491 (Area Code & Daytime Telephone Number),
Enclosed is a check for the following amount:	٠٠٠ ري ري
\$25.00 Filing Fee and Certificate of Diss	olution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ĎISSOLÚTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
PRKK, LLC
2. The Articles of Organization were filed on 7/23/2019 and assigned document number 19000179180
document hamber <u>Eq. (5.5.5)</u>
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).
The L19000179180 Filing was corrected and
Occupent Number L21000 355088. The divisolation
or L19000179180 is to remove the discorrect duplicate File
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:
RAGINA Kert L. Kozlowski, Signature Printed Name
Signature Printed Name

FILING FEE: \$25.00