

L22000363799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

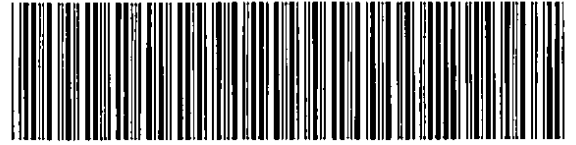
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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UNRECORDED - 024 4-27-03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY -9 AM 8:37

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Recovery Options

(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:

Jake C Foerster

(Name of Person)

Professional Recovery Options LLC.

(Firm/Company)

20060 Prairie St. Apt 429E

(Address)

Chatsworth, CA 91311

(City/State and Zip Code)

For further information concerning this matter, please call:

Jake Foerster

(Name of Person)

310

401-0632

at (

) _____
(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

FILED

2023 MAY -9 AM 8: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Professional Recovery Options LLC

2. The Articles of Organization were filed on August 18, 2022 and assigned
document number L22000363799

3. The delayed effective date the dissolution if not effective on the date of filing: 05/15/2023
(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).
Partners have decided to move in separate directions and part ways amicably

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jake Foerster

20060 Prairie St.

Apt 429E

Studio City, CA 91311

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:

J. Foerster
Signature

Jake Foerster

Printed Name

FILING FEE: \$25.00