

L23 000 338 478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

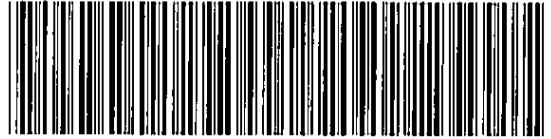
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

4085

Office Use Only



200428384722

04/24/24--01014--016 **25.00

FILED

24 APR 24 PM 3:30

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P&C 91352, 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:

Patricia O'Brien

(Name of Person)

P&C 91352, LLC

(Firm/Company)

9810 LA TUNA CANYON RD

(Address)

SUN VALLEY CA 91352

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA O'BRIEN 818 500 1011

(Name of Person) at () (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: *You have the check already*

☐ \$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

Name of Limited Liability Company P&C 91352, LLC

Principal Address 7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

The Articles of Organization were filed on 07/17/2023 and assigned document number L23000338478.

Required Filing Fee: \$25.00

Certificate of Status (Automatically issued) [What is a certificate of status?](#)

Certified Copy ☐ \$30.00 (Optional) [What is a certified copy?](#)

The certification will be sent to the e-mail address entered below.

Correspondence E-mail Address

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing will be sent.

E-mail Address pjobrien11@gmail.com

Re-enter Email Address pjobrien11@gmail.com

Effective date, if not effective on the date of filing *ON Date of filing* (mm/dd/yyyy) (Cannot be prior to or more than 90 days after date of filing)

A description of occurrence that resulted in the limited liability company's dissolution.

(Maximum of 240 characters.)

I am unable to devote the time to this business so I don't need the LLC.

203 chars remaining

If there are no members, enter the name and address of the person appointed to windup the company's activities and affairs:

Name Patricia O'Brien

Address 9810 LA TUNA CANYON RD

City, State SUN VALLEY, CA

Zip Code & Country 91352 US

I hereby certify that the information indicated on this document is true and accurate and that my electronic signature shall have the same legal effect as if made under oath.

Signature of an authorized person, or, if there are no members, the signature of the person appointed and listed above to windup the company's activities and affairs:

Signature P. J. O'Brien

The individual "signing" this document affirms that the facts stated herein are true.

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
P&C 91352, LLC

2. The Articles of Organization were filed on 7-17-23 and assigned
document number 23000338478

3. The delayed effective date the dissolution if not effective on the date of filing: 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.

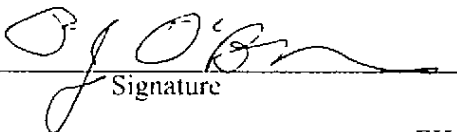
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
I, as the sole member, no longer have the capacity to operate this business

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

9810 LA TUNA CANYON RD

SUN VALLEY CA 91352

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

P.J. O'BRIEN

Printed Name

FILING FEE: \$25.00