

L23 000514312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

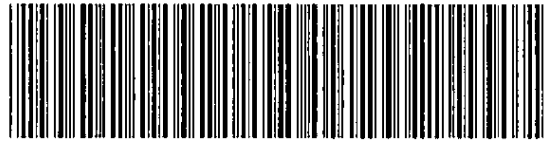
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HODGE  
DEC 19 2023

Office Use Only



800420293248

12/19/23--01004--004 \*\*25.00

RECEIVED

2023 DEC 19 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

23 DEC 19 AM 8:47

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

PTLY 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:

Paul Tiscornia

(Name of Person)

(Firm/Company)

14 Mandarin Drive # 103

(Address)

Holly Hill FL 32117

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Tiscornia

(Name of Person)

at (

386, 278 282 9892

(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

23 DEC 19 AM 8:47

1. The name of a limited liability company is

PTLY LLC

2. The Articles of Organization were filed on 11/14/2023 and assigned

document number L23 000514312

3. The delayed effective date the dissolution is 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).

Not Needed

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

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:

Paul Tiscornia

Signature

Paul Tiscornia

Printed Name

FILING FEE: \$25.00