L24000055378

(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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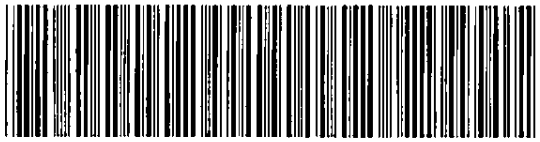

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2025 FEB -4 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FL

S. ROBERTS

MAR 11 2025

TO: Division of Corporations

SUBJECT: P Cubed Sales and Marketing 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:

George Wishart
(Name of Person)

P Cubed Sales and Marketing LLC
(Firm/Company)

8775 20th Street Lot 9
(Address)

Vero Beach, FL 32966
(City/State and Zip Code)

For further information concerning this matter, please call:

George Wishart at (203) 807-0818
(Name of Person) (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

FORM
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
P Cubed Sales and Marketing LLC

2. The Articles of Organization were filed on January 30, 2024 and assigned

document number L 24000055378

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).

Retirement

Retirement

Retirement

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

George Wishart

8775 20th Street Lot 9

Vero Beach, FL 32966

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

George Wishart
Printed Name

FILING FEE: $25.00

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TALLAHASSEE, FLORIDA