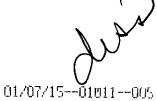
## P05000110298

(Requestor's Name)										
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PICK-UP WAIT MAIL										
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Certified Copies Certificates of Status										
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PCAG CORPORATION
DOCUMENT NUMBER: P05000110298
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SA KIM GAZELLE
(Name of Contact Person)
PCAG CORPORATION
(Firm/Company)
215 W. GRAND CENTRAL AVE, APT #222 (Address)
(**************************************
TAMPA, FL 336 06 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
SA KIM GAZELLE at (813) 504 - 2227  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Sas Filing Fee \$\Bigcup \$43.75 \text{ Filing Fee & }\Bigcup \$43.75 \text{ Filing Fee & }\Bigcup \$52.50 \text{ Filing Fee, }\Bigcup \$60 \text{ Certificate of Status & }\Bigcup \$60 \text{ Certified Copy }\Bigcup \$60  Certi
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to		07.1403	, Florida	s Sta	ıtuı	ites, this	Flori	da pro	ofit co	orpor	ratio	n sub	onfilk	ЬС	follov	wing a	articles
of dissolut	ion;	•									201	5 JA	N -7	P	M 4:	41	
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SECOND:	The de	ocument	number	roft	the	e corpora	tion	(if kn	own)	:_F	2 U	5	00	0_	<u> 11 C</u>	2	98
THIRD:	The da	ate disso	lution w	as a	utl	horized:	ļ	2	3	1 [	2	01	4				
	Effective date of dissolution if applicable: 12/31/2014  (no more than 90 days after dissolution file date)																
FOURTH:	Adopt	ion of D	issolutio	on (C	CH	IECK O	NE)										
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						t be sepa in to diss			yidéd	for d	each	voti	ng gr	оир	entiti	led	
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	Signature:		Z	la	þ	KenC		rd.	le	-							
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			(Typed	or pr	rint	ted name of	perso	n signii	ng)								- / - /
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			(	Title	of	person sign	ing)					, , , , , , , , , , , , , , , , , , ,				/	

Filing Fee: \$35