

P07 000030266

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

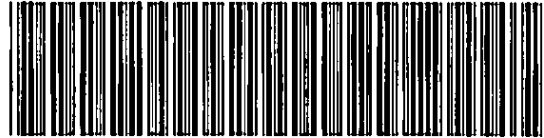
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2022 APR 13 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PYA-MMS Inc.

(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:

William Walker

(Name of Person)

PYA-MMS Inc.

(Firm/Company)

830-13 A1A North Suite 158

(Address)

Ponte Vedra Florida 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

William Walker

(Name of Person)

904

591-6386

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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PIA MMS INC.

**DOCUMENT NUMBER:** P 0700 00 30266

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM WALKER  
(Name of Contact Person)

PIA MMS INC.  
(Firm/Company)

830-13 AIA NORTH SUITE 158  
(Address)

PONTE VEDRA, FL 32082  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM WALKER at ( 904.591.6386 )  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| <u>\$25 paid</u>                         |   |  |   |
| <u>10.00</u>                             |   |  |   |

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

P-1A - MMS Inc.

SECOND: The document number of the corporation (if known):

P07000003026

THIRD: The date dissolution was authorized:

03/07/2022

Effective date of dissolution if applicable: 03/07/2022

(no more than 90 days after dissolution file date)

**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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

W. H. WALKER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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2022 APR 13 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FL 32311