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A. MUNT

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of Corporation		
DOCUMENT NUMBER: P18000062753		_
The enclosed Articles of Dissolution and f	fee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Michael Hilghman		
(Name of	Contact Person)	
PB Contractor Services Inc		5-7
(Firm	m/Company)	
3000 High Ridge Rd # 7	3.5.5. 3.0.2.	P III
(A	address)	요 -冷
Boynton Beach FL 33426		œ œ
(City/Sta	ate and Zip Code)	_
For further information concerning this ma	atter, please call:	
Peter Lagasse	561-523-2230 at (
(Name of Contact Person)	(Area Code) (Daytime Telephone N	umber)
Enclosed is a check for the following amou	unt:	
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certified Copy (Additional copy is enclosed) ☐ Certificate of Status Certified Copy (Additional copy is enclosed)	
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 Tallahassee, FL 32303	e 810

ARTICLES OF DISSOLUTION

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

FIRST:	T: The name of the corporation as currently filed with the Florida Department of State: PB Contractor Services Inc						
SECOND:	The document number of the corporation (if known):						
THIRD:	The date dissolution was authorized:						
	Effective date of dissolution if applicable: 3-27-2024						
	(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.						
	and an interpolation.		::				
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		1800 1800	Ρ2	i'i.			
		E S	PH 2: 51				
		FATE	58				
S	Signature: Michael Highman (By a director, president or other office) if directors or officers have not been select an incorporator - if in the hands of a receiver, trustee, or other court appointed fiducing						
	that fiduciary)						
	Michael Hilghman						
_	(Typed or printed name of person signing)						
	President						
-	(Title of person signing)						

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PB Contractor Services Inc		
The above named corporation is the subject of dissolution and th	e effective date of a dissolution is: _	3-27-2024
(date filed with the Dept. if date specifie	d in the Articles of Dissolution)	
Description of information that must be included in a claim:	F. F.	on a mon
	AASSEE.	PH 2:
	רב	25
Mailing address where written claims can be sent: (Claims canno 3000 High Ridge Rd #7 Boynton Beach FL 33426	ot be sent to the Division of Corporat	tions)
A claim against the above named corporation will be barred unle within 4 years after the filing of this notice.	ss a proceeding to enforce the claim	is commend
Michael Hilghman	Michael Hilgh Signature of the Person Fling	<u>iman</u>
Printed Name of the Person Filing	Signature of the Person Foling	g.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00