P9SCCCCO7243

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only



000285281490

05/02/16---01021--005 **43.75

FILED
2016 HAY -2 PH 4: 06

AHJD155; WINDHO

MAY - 3 2016

ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: P 9800000 7243
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tom Driscoll
(Name of Contact Person)
PXP Learning Center, INC (Firm/Company)
15051 Bruce B. Downs Blud (Address)
(Address)
Tanga FL 37647 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (813 9.66-3471 (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certificate of Status
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

FIRST:	ne name of the corporation as currently filed with the Florida Department of State:	
	P. and P. Learning Center, Inc	
SECOND:	The document number of the corporation (if known): P98000007243	
THIRD:	The date dissolution was authorized: 4292016	
	Effective date of dissolution if applicable: 4. 30. 2016	
	(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:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	
	☐ Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	Signature: Tou Duscoll	
	(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)	
	Tom Driscoll	
	(Typed or printed name of person signing)	
	(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: Pand Plearning Center, Tix
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Date OF Service Muchandise Penderd Full Work OF Company and Sucresors Total Amount to Quistin
Full Work or layoury and Successors
Total Amount to Question
Location of Work Pertoined
Evidence of Prior Billing Perponse
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Panda Huys bearing Center
15051 Bruce D. Dames Blud
Panda Huys bearing Centre 15051 Bruce D. Dams Blud Tampa FL 37647
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Ton Driscoll Ton Drucol
Printed Name of the Person Filing Signature of the Person Filing