

PA9000017167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 07 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 172234 7227592

AUTHORIZATION :



COST LIMIT : \$ 35.00

ORDER DATE : February 6, 2020

ORDER TIME : 10:50 AM

ORDER NO. : 172234-005

CUSTOMER NO: 7227592

FOREIGN FILINGS

NAME: PTS-ORLANDO, LLC

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: _____

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:

PTS - Orlando Management Corp.

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

P 99000017167

THIRD: The date dissolution was authorized:

10/31/19

Effective date of dissolution if applicable, _____

(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.

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TALLAHASSEE, FL

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)

STUART SOLOMON

(Typed or printed name of person signing)

PRESIDENT / OWNER

(Title of person signing)

Filing Fee: \$35