

1/4/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL
ARROW POINT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Arrow Point, LLC

2. The Articles of Organization were filed on
- January 30, 2012
- and assigned

document number L12000014062

3. The delayed effective date the dissolution if not effective on the date of filing; _____
-
- (effective date cannot be prior to or more than 90 days later than date document is received for filing)

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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Unanimous consent of the Members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Mark P. Gally67 Authors RoadConcord, MA 01742

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Mark Gally

Signature

Mark P. Gally, Manager

Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 603.0712, F.S.

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

Name of Limited Liability Company: Arrow Point, LLC

Document number of Limited Liability Company is: L12000014062

Date of dissolution was: upon filing

Description of information that must be included in a written claim:

Name of Claimant:

Address of Claimant:

Amount of Claim:

Basis of Claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Mark P. Gally

67 Authors Road

Concord, MA 01742

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Mark P. Gally, Manager

Printed Name of the Person Filing

Mark Gally

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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