

01/10/2014

1/23

FROM: (850) 617-6383

Age:

1/10/2014

Division of Corporations

L13000044923

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 : GLENN RASMUSSEN, P.A.
Account Number : I19990000156
Phone : (813) 229-3333
Fax Number : (813) 229-5946

LLC DISSOLUTION OR WITHDRAWAL
6027 BEACON SHORE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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JAN 13 2013**T. HAMPTON**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of 6027 Beacon Shore LLC
(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:

Troy M. Carnrite

(Name of Person)

Glenn Rasmussen, P.A.

(Firm/Company)

100 S. Ashley Dr., Suite 1300

(Address)

Tampa, Florida 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Troy M. Carnrite

(Name of Person)

at (813) 229-3333

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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


1. The name of a limited liability company is
6027 Beacon Shore LLC
2. The Articles of Organization were filed on March 25, 2013 and assigned
document number L13000044923
3. The delayed effective date the dissolution if not effective on the date of filing: _____
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).
Joint Consent of Manager and Member approving the dissolution of the company, dated as of January 10, 2014.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Troy M. Carnrite
100 S. Ashley Dr., Suite 1300
Tampa, FL 33602

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:

Signature

Printed Name



Troy M. Carnrite

FILING FEE: \$25.00

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