

L18 000 155 546

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

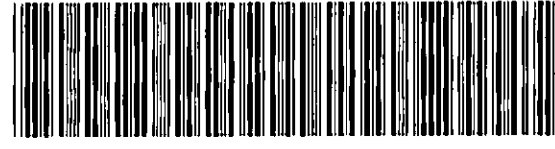
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500340255495

02/13/20--01005--014    \*\*25.00

FILED  
20 FEB 13 AM 8:10  
OFFICE OF THE CLERK  
STATE OF CALIFORNIA

MAR 07 2020

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5715 GOLDEN GATE PKWY, 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:

Robert Rosin or Chris Henning

\_\_\_\_\_  
(Name of Person)

Continental Financial

\_\_\_\_\_  
(Firm/Company)

555 Skokie Blvd. #350

\_\_\_\_\_  
(Address)

Northbrook, IL 60062

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rosin or Chris Henning

\_\_\_\_\_  
(Name of Person)

847

291-3700

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
5715 GOLDEN GATE PKWY, LLC

2. The Articles of Organization were filed on 06/25/2018 and assigned  
document number L18000155546

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).  
The consent of all the members.

\_\_\_\_\_

The consent of all the members.

\_\_\_\_\_

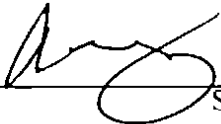
The consent of all the members.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20 FEB 23 AM 8:10  
FILED

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

Chris Henning

Printed Name

**FILING FEE: \$25.00**

## 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. 605.0712, 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: 5715 GOLDEN GATE PKWY, LLC

Document number of Limited Liability Company is: L18000155546

Date of dissolution was: 1/24/2020

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

The name and address of the claimant; the name of the Company representative with whom you did business;

the date(s) that the alleged claim were incurred; a description of the basis and nature of the claim;

a copy of any documents the claimant is relying upon to establish liability; and such additional information

as may be requested by the Company

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

C/O CONTINENTAL FINANCIAL

555 SKOKIE BLVD. #350

NORTHBROOK, IL 60062

FILED  
20 FEB 13 AM 8:10  
STATE OF FLORIDA

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.

Chris Henning

Printed Name of the Person Filing



Signature of the Person Filing

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