

A00000000672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

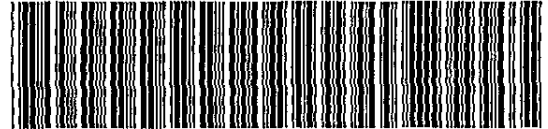
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF SUPERIOR COURT

A06-672
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5-15-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARRL, LTD
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Grady L. Goolsby
(Contact Person)

N/A
(Firm/Company)

898 Belmont Pl.
(Address)

Rockledge, FL 32955
(City, State and Zip Code)

For further information concerning this matter, please call:

Grady L. Goolsby at (321) 632-2347
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2006 MAY -1 PM 1:01

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2006

GRANDY GOOLSBY
898 BELMONT PL
ROCKLEDGE, FL 32955

SUBJECT: GARRL, LTD.
Ref. Number: A00000000672

We have received your document for GARRL, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The notice of dissolution must contain: 1.) The name of the dissolved limited partnership; 2.) A statement that persons with unknown claims present them in accordance with the notice; 3.) A description of the information that must be included in a claim; 4.) A mailing address to which the claim may be sent; and 5.) A statement that a claim against the limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 206A00027055

2006 MAY -1 PM 1:01

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**CERTIFICATE OF DISSOLUTION
FOR**

GARRI, LTD

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 4-20-2000, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

No longer conducting business

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: ~~2-15-2006~~ 5-15-2006

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

M. J. Gentry G.P.

Esther Rochelle Gentry G.P.

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

EFFECTIVE DATE
5-15-06

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

GARRL, LTD

Description of information that must be included in a claim:

All information required in s. 620.1807
and s. 620.1806. Claims must be
presented in accordance with the
notice.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

898 Belmont Pl.
Rockledge, FL

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

Signature of a general partner or a principal of the successor entity:

G.P. Grady L. Goolsby
Printed Name Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

2008 MAY -1 PM 1:01
SECRETARY OF STATE
CLERK OF COURTS

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