

A03000000834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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04/19/11--01032--020 **60.00

05/03/11--01020--021 **45.00

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11 MAY -2 PM 12:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 03 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2011

GENE A. BERMAN
321 SUNSET DR. FLOOR 4
FT LAUDERDALE, FL 33301

SUBJECT: GAB ROCKLEDGE, LTD.
Ref. Number: A03000000824

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GAB ROCKLEDGE, LTD. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$45.00.

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

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00009593

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAB Rockledge, INC

(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:

Gene A. Berman

(Name of Person)

(Firm/Company)

321 Sunset Dr. Floor 4

(Address)

Ft. Lauderdale, Florida 33301

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gene A. Berman

(Name of Person)

at (954) 463-2400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
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

**CERTIFICATE OF DISSOLUTION
FOR**

GAB Rockledge LP

(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 May 20, 2003, assigned Florida document number A03000000824, hereby submits this Certificate of Dissolution.

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

No longer in title to the
property

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

THIRD: Effective date, if other than the date of filing: _____

(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.:

[Signature]

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

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TALLAHASSEE, FLORIDA

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