

101000006823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12/19/16--010149--009--**25.00

DEPT. OF STATE
TALLAHASSEE, FLORIDA

16 DEC 19 PM 4:22

FILED

DEC 21 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATEWAY TO AMELIA LLC,

DOCUMENT NUMBER: L01000006823

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN M. PULICE
(Name of Contact Person)

GATEWAY TO AMELIA LLC
(Firm/Company)

5422 FIRST COAST HIGHWAY
(Address)

AMELIA ISLAND FL. 32034
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN M. PULICE at (904) 556-4723
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

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

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

1. The name of a limited liability company is

GATEWAY TO AMELIA LLC

2. The Articles of Organization were filed on 4/30/2001 and assigned

document number L01000006823

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/16
(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).

ALL BUSINESS COMPLETE

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

JOHN M. PULICE / AMELIA HEALTH INC.
5422 FIRST COAST HIGHWAY
AMELIA ISLAND FL 32034

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

JOHN M. PULICE
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: GATEWAY TO AMELIA LLC.

Document number of Limited Liability Company is: L010600006823

Date of dissolution was: 12/31/16

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

All business complete

FILED
16 DEC 19 PM 4:22
CLERK OF COURT
JACKSONVILLE FLORIDA

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

5422 FIRST COAST HIGHWAY
AMELIA ISLAND FL. 32034

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.

JOHN M. PULICE
Printed Name of the Person Filing

John M Pulice
Signature of the Person Filing