## L03006663753

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filling Officer
Special Instructions to Filing Officer:
·
r Office Use Only



300264146203

09/12/14--01011--007 \*\*25.08

14 SEP 12 PM 7: 20
SEUREJARY OF STAIL
ALLAHASSEE FLEDIN

## **COVER LETTER**

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: Gunter Wealth Manage M.	ent 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:	
tions to the time	
Heather (Gunter) Bendet for A. S (Name of Person)	Scott Gunter
Cunter Wealth Manage Men-	+ LLC
10519 Crystal VIRW UniVET Sal City TX (Address)	
Un, Versal City, TX 78144 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Heather (Gunter) Bendet at (210) (Area Code & I	Lo21-7792 Daytime Telephone Number)
(	, , , , , , , , , , , , , , , , , , , ,
Enclosed is a check for the following amount:	
	Certificate of Dissolution & Iditional copy is enclosed)
MAILING ADDRESS: STREET/	COURIER ADDRESS:

## STREET/COURIER ADDRESS:

Registration 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
Gunter Wealth Management LLC.
2. The Articles of Organization were filed on and assigned
document number
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)
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).  Death of only member of LLC
please See included Copy of Death Certificate
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  ###################################
Universal City TX 78148
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:
Heather Berde

**FILING FEE: \$25.00**