

L03000012355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

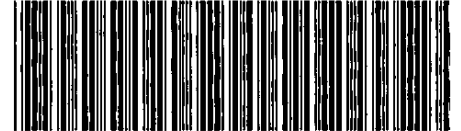
(Document Number)

Certified Copies _____

Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gordon Investments 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:

Calvin Gordon

(Name of Person)

(Firm/Company)

10600 SW 67 Ave.

(Address)

Pinecrest Fl. 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

CALVIN GORDON
Jeannine Somberg CPA

at

305 804 3860
586 247-6377

(Name of Person)

(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/COURIER ADDRESS:

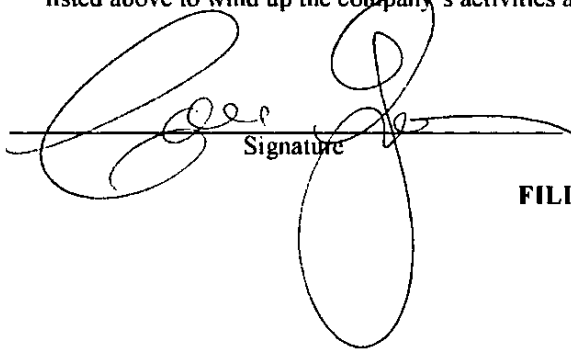
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Gordon Investments LLC
2. The Articles of Organization were filed on August 5 2004 and assigned
document number LO3000012359
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 sec
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Final Distribution of investments to partners.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Calvin Gordon
10600 SW 67 Ave.
Pinecrest, Fl. 33156

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

Calvin Gordon

Printed Name

FILING FEE: \$25.00