

L03000014503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

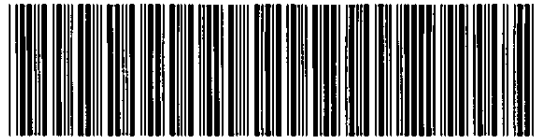
(Document Number)

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14 SEP - 3 PM 6:05  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Gallery 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:

William R. Cochran, Sr.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

15 Winchester Rd.  
(Address)

Ormond Beach FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Cochran at (386) 852-8101  
(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

The Gallery LLC

2. The Articles of Organization were filed on April 23, 2003 and assigned

document number LO3000014503

3. The delayed effective date the dissolution if not effective on the date of filing: ASAP  
(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).

sale of property

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

Bill Cochran

15 Winchester Rd.

OB, FL, 32174

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:

X Bill Cochran  
Signature

Bill Cochran  
Printed Name

**FILING FEE: \$25.00**

SEP-6 PM 6:06  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE, FLORIDA