LO4 000041023

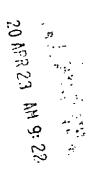
(Daniel de News)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
Special distructions to Fining Officer.	

Office Use Only



200343416422

04/23/20--01025--016 **25.00



HAY OS ZIDA C. NICHAIR

COVER LETTER

TO:

Tallahassee, FL 32314

,				
	COVE	R LETTER		Port of the same
	Registration Section Division of Corporations			Port of the second seco
SUBJEC	George Storter & Sons, LLC	o Ji to Live. Comme		
	(Name of Limi	ted Liability Compa	iny)	
The enclo	osed Articles of Dissolution and fee(s) are submi	tted for filing.		
Please ret	urn all correspondence concerning this matter to	the following:		
	George Storter			_
	(Na	me of Person)		
	George Storter & Sons, LLC			
	(Fir	m/Company)		_
	1180 29th Street SW			
		_		
	Naples, Florida 34117			
	(City/St	ate and Zip Code)		_
For furthe	er information concerning this matter, please call	:		
_	George Storter	239 at (280-6901	
	(Name of Person)	(Area C	ode & Daytime Telephone Nu	imber)
Enclosed is	s a check for the following amount:			
≡ :	\$25,00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolutio Copy (additional copy is enclo	
	Mailing Address: Registration Section	Street Addres		
	Registration Section Registration Section Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			
F				

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	FOR A LIMITED LIABILITY COM	PANY
The name of a limited lia George Storter & Sone, LL		ON PANY
The Articles of Organiza	tion were filed on May 25, 2004	and assigned
document number 1.04-4	1023	
(effec Note: If the date inserted	te the dissolution if not effective on the dat tive date cannot be prior to or more than 90 days late in this block does not meet the applicable statu fective date on the Department of State's record	er than date document is received for filing) atory filing requirements, this date will not be
A description of occurrer 605.0707, Florida Statute Closed business operatons	nce that resulted in the limited liability con s. (copy 605.0707 on back cover letter).	npany's dissolution pursuant to section
Closed business operatons		
Closed business operatons		
If there are no members, activities and affairs:	enter the name and address of the person a GEORGE B. STORT	• • • • • • • • • • • • • • • • • • • •
	1180 CATH STREET	7 >W
	NAPLES, FL 34	<u> 117 </u>
Signature of an authorize nove to wind up the compa	d person or if there are no members, the si ny's activities and affairs:	ignature of the person appointed and listed
Signature of an authorize ove to wind up the compa	d person or if there are no members, the siny's activities and affairs:	ignature of the person appointed and listed

FILING FEE: \$25.00



NOTE: This page is optional

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: (10/40/40 5 (0/4) 6/4 5005 000
Document number of Limited Liability Company is: 404000 41003
Date of dissolution was: 4.17.20
Description of information that must be included in a written claim:
GEORGE STORTERE SONS WC, CLOSED BUSINESS
OPERATIONS, ESTABLISHED 5.24.2004
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
GEORGE B. STOUTER
USO Z9th STEEET SW
NAPUES FU, 34117 US

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.

Printed Name of the Person Filing

Signature of the Person Filing