

L041000062932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

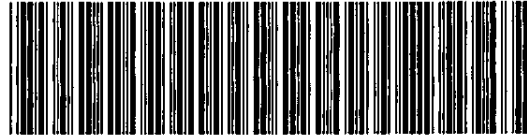
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 JAN 24 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. BOSTICK

JAN 25 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLFIN-"A", 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:

Mary L. Knapp

(Name of Person)

(Firm/Company)

927 5th Court

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

SECRET
TALLAHASSEE, FLORIDA

12 JAN 24 PM 2:30

For further information concerning this matter, please call:

Mary L. Knapp

(Name of Person)

at

772

778-3471

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$25.00 Filing Fee

☒

\$30.00 Filing Fee &
Certificate of Status

☐

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$60.00 Filing Fee,
Certificate of Status &
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

GOLFIN-"A", LLC

2. The Articles of Organization were filed on 08-23-2004 and assigned document number L04000062932

3. The date the dissolution was approved: 11-04-2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

MGRM, Donald E. Knapp died (copy of death certificate attached)

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Donald E. Knapp
by Mary H. Knapp
Spouse

Donald E. Knapp
deceased

FILING FEE: \$25.00

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

FLORIDA CERTIFICATE OF DEATH

TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) DONALD EVERETT KNAPP SR.		2. SEX MALE
3. DATE OF BIRTH (Month, Day, Year) OCTOBER 25, 1932	4a. AGE - Last Birthday (Years) 79	4b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____
5. DATE OF DEATH (Month, Day, Year) NOVEMBER 4, 2011		
6. SOCIAL SECURITY NUMBER 046-24-7292	7. BIRTHPLACE (City and State or Foreign Country) DANBURY, CONNECTICUT	8. COUNTY OF DEATH INDIAN RIVER
9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient _____ Emergency Room/Outpatient _____ Died on Arrival _____ NON-HOSPITAL: Hospice Facility _____ Nursing Home/Long Term Care Facility _____ <input checked="" type="checkbox"/> Decedent's Home _____ Other (Specify) _____		
10. FACILITY NAME (If not institution, give street address) 927 5TH COURT	11a. CITY, TOWN, OR LOCATION OF DEATH VERO BEACH	11b. INSIDE CITY LIMITS? Yes _____ No <input checked="" type="checkbox"/>
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married _____ Married, but Separated _____ Widowed _____ Divorced _____ Never Married _____	13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MARY LYNN DELISE	
14a. RESIDENCE - STATE FLORIDA	14b. COUNTY INDIAN RIVER	14c. CITY, TOWN, OR LOCATION VERO BEACH
14d. STREET ADDRESS 927 5TH COURT	14e. APT. NO. 32960	14f. ZIP CODE 32960
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" OWNER	15b. KIND OF BUSINESS/INDUSTRY CUSTOM CLOSETS	
16. DECEDENT'S RACE (Specify the race(s) to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White _____ Black or African American _____ American Indian or Alaskan Native (Specify tribe) _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____ Vietnamese _____ Other Asian (Specify) _____ Native Hawaiian _____ Guamanian or Chamorro _____ Samoan _____ Other Pacific Isl. (Specify) _____ Other (Specify) _____		
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian origin.) Yes (If Yes, specify) <input checked="" type="checkbox"/> No _____ Mexican _____ Puerto Rican _____ Cuban _____ Central/South American _____ Other Hispanic (Specify) _____ Haitian _____		
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less _____ High school but no diploma _____ High school diploma or GED _____ College but no degree _____ College degree (Specify): Associate <input checked="" type="checkbox"/> Bachelor's _____ Master's _____ Doctorate _____		
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No _____		
20. FATHER'S NAME (First, Middle, Last, Suffix) DONALD KNAPP	21. MOTHER'S NAME (First, Middle, Last, Suffix) RUTH WALZ	
22a. INFORMANT'S NAME MARY L. KNAPP	22b. RELATIONSHIP TO DECEDENT WIFE	22c. INFORMANT'S MAILING - STATE FLORIDA
23a. CITY OR TOWN VERO BEACH	23b. STREET ADDRESS 927 5TH COURT	23c. ZIP CODE 32960
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) SEAWINDS CREMATORY	25a. LOCATION - STATE FLORIDA	25b. LOCATION - CITY OR TOWN SEBASTIAN
26. METHOD OF DISPOSITION Burial _____ Entombment _____ <input checked="" type="checkbox"/> Cremation _____ Donation _____ Removal from State _____ Other (Specify) _____		
27a. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes _____ No _____	27b. LICENSE NUMBER (of Licensee) F042919	27c. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>
28. NAME OF FUNERAL FACILITY COX-GIFFORD-SEAWINDS FUNERAL HOME & CREMATORY		
29a. CITY OR TOWN VERO BEACH	29b. STREET ADDRESS 1950 20TH STREET	29c. ZIP CODE 32960
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.		
31a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	31b. DATE SIGNED (month/day/yyyy) 11/7/11	31c. TIME OF DEATH (24 hr.) 0851
32. MEDICAL EXAMINER'S CASE NUMBER	33. NAME OF ATTENDING PHYSICIAN (If other than Certifier) MICHELE S. MAHOLTZ, M.D.	
34a. LICENSE NUMBER (of Certifier) ME 64054	34b. CERTIFIER'S NAME MICHELE S. MAHOLTZ, M.D.	34c. CITY OR TOWN VERO BEACH
35a. CERTIFIER'S STATE FLORIDA	35b. STREET ADDRESS 3725 12TH COURT	35c. ZIP CODE 32960
37. SUBREGISTRAR - Signature and Date <i>[Signature]</i> April 2, 2011		

CHIEF DEPUTY REGISTRAR
INDIAN RIVER COUNTY

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

WARNING:



* 2 7 6 8 2 7 6 2 *

DH FORM 1948 (04-10)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED





FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2012

MARY L. KNAPP
927 5TH COURT
VERO BEACH, FL 32960

SUBJECT: GOLFIN-"A", LLC
Ref. Number: L04000062932

We have received your document for GOLFIN-"A", LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 712A00000709