

L04 000068816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

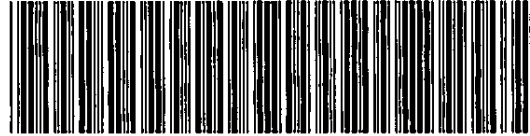
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200284975172

06/08/16--01017--018 **25.00

FILED
16 JUN -8 AM 8:23
SECRETARY OF STATE
HALL MARKS BLDG CNIDA

267

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grayton Retreat, LLC

DOCUMENT NUMBER: L04000068816

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia McCraw

(Name of Contact Person)

Sirote & Permutt, P.C.

(Firm/Company)

P.O. Box 55727

(Address)

Birmingham, AL 35255-5727

(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia McCraw

(Name of Contact Person)

at (205) 930-5351

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Notice of Limited Liability Company Dissolution

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: Grayton Retreat, LLC

Document number of Limited Liability Company is: L04000068816

Date of dissolution was: May 26, 2016

Description of information that must be included in a written claim:

Such claim should set forth the name of the claimant, the address and telephone

number of the claimant, the nature of the claim, including, but not limited to, all facts

supporting the claim and the date such claim arose.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Attention: Jack Fiorella, III

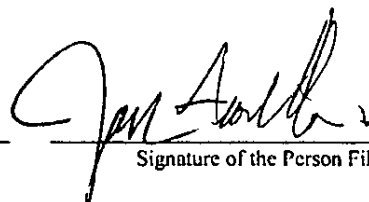
3595 Grandview Parkway, Suite 150

Birmingham, AL 35243

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.

Jack Fiorella, III

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00