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(Re	equestor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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K.SALY EXAMINER APR - 4

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

THE GULF SIDE MOTEL, 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:

Angela Stathopoulos	
(Name of Person)	
Angela Stathopoulos, P.A.	
(Firm/Company)	
39040 US Highway 19 N	
· (Address)	
Tarpon Springs, FL 34689	

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Stathopoulos

727,

224-1550

(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

ARTICL	ES OF DISSOLUTION	2016 APR-1 PM 12: 50 TALL ARLANCE OF TALL ARLANCE and assigned
	FOR	F/1 ==
, , ALIMITEI	LIABILITY COMPANY	2016 400
1. The name of a limited liability company is		APR-/ PK.
THE GULF SIDE MOTEL, L.L.C.		MI 12:50
,		OFF BY LAW
2. The Articles of Organization were filed on	11/23/2004	and assigned
document number L04000085107		
3. The delayed effective date the dissolution is (effective date cannot be pringle). Note: If the date inserted in this block does not listed as the document's effective date on the I	of meet the applicable statutory firm	ling: 7/22/2015 ate document is received for filing) ng requirements, this date will not be
4. A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	the limited liability company's on back cover letter).	s dissolution pursuant to section
The Gulf Side Motel sold and business longer of	perated as of 7/22/15	
5. If there are no members, enter the name an	d address of the person appoint	ed to wind up the company's
activities and affairs:		
6. Signature of an authorized person or if the listed above to wind up the company's activit	re are no members, the signatur ies and affairs:	e of the person appointed and
In Walk	Angela Stathopoulos	
Signature	<u>_</u>	nted Name

FILING FEE: \$25.00