

LOS000045036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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14 MAR 31 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 03 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHACORE, 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:

GAFTON LLOYD GORDON
(Name of Person)
SHACORE, LLC
(Firm/Company)
5349 Island Gypsy Drive
(Address)
Greenacres, Florida 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

GAFTON L. GORDON at 561, 641-8695
(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

SHACORE, LLC

2. The Articles of Organization were filed on March 27, 2014 and assigned

document number L05000045036

3. The delayed effective date the dissolution is not effective on the date of filing: APRIL 10, 2014
(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).

I HAVE NOT BEEN ABLE TO DO ANY BUSINESS WITH
THIS COMPANY FOR MANY YEARS, AND I HAVE CONCLUDED
THAT I WILL NOT BE ABLE TO DO ANY BUSINESS WITH
THIS COMPANY IN THE FUTURE.

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

GAFTON LLOYD GORDON

5349 Island Gypsy Drive

Greenacres, FL 33463

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:

G. Lloyd Gordon
Signature

GAFTON LLOYD Gordon
Printed Name

FILING FEE: \$25.00

FILED
14 MAR 31 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA