

LO700000 5014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

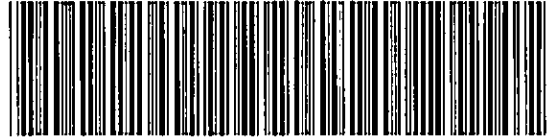
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREENDALE PROPERTY MANAGEMENT
(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:

GILLIAN AMANDA MATTHEWS
(Name of Person)

(Firm/Company)

5044 ALDERBROOK PLACE
(Address)

LAND O LAKES FLORIDA 34638
(City/State and Zip Code)

For further information concerning this matter, please call:

GILLIAN MATTHEWS at (813) 505 2709
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

~~AX~~ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

GREENDALE PROPERTY MANAGEMENT LLC

2. The Articles of Organization were filed on 21st JANUARY 2021 and assigned

document number LO70000005014

3. The delayed effective date the dissolution if not effective on the date of filing: _____

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 GILLIAN AMANDA MATTHEWS HAVE

11814 CASTINE STREET NEW PORT

RICHEY FLORIDA 34654 AS MY ONLY

RESIDENCE - IN THE NEAR 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: GILLIAN AMANDA MATTHEWS

5044 ALDERBROOK PLACE

LAND O LAKES FL

34638

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. Matthews
Signature

GILLIAN AMANDA MATTHEWS
Printed Name

FILING FEE: \$25.00