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Office Use Only



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SECRETARY OF STATE

S WarrenMAR 13 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The GARRAWAY GROUP, 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 G. BROWN (Name of Person)
the Garraway Group, LLC (Firm/Company)
2650 LAKE Share Drive, Unitlet
City/State and Zip Code)
For further information concerning this matter, please call:
MARGETSROW at (561) 293-3211 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: S50-653-6022 \times Cell Prove - Can reach Me S55.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & any five - Certified Copy (additional copy is enclosed)
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

The name of a limited liabi	ility company is	
The GA	RRAWAY GROUP, LL	<u>C</u>
The Articles of Organization	on were filed on $ \lambda 3 200$	8 and assigned
document number(φ8444114992	
(effective Note: If the date inserted in	the dissolution if not effective on the date e date cannot be prior to or more than 90 days later this block does not meet the applicable statutor ctive date on the Department of State's records	than date document is received for filing) ry filing requirements, this date will not be
A description of occurrence	e that resulted in the limited liability comp (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section
•		- Services -
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If there are no members, er activities and affairs:	MARY G TSR	000
	Riviera Bea	Shore Dr. Vn. 760/
	- IV, eva pra	(Ch, 10 3.3) 09
Signature of an authorized sted above to wind up the co	person or if there are no members, the sign	nature of the person appointed and
Jan Signature	MA	Ry G. BROWN Printed Name
Signature	FILING FEE: \$25.00	स्य विकास स्थाप
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