(Red	luestor's Name)	•
(Add	lress)	
(Add	lress)	
<b>(</b> · · · ·	,	
	ICA-A-(7) - IDA-a-a-	40
(City	/State/Zip/Phone	: <del>#)</del>
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
(	,	
Cartified Capies	Cortificator	of Status
Certified Copies	Cenincates	or Status
Special Instructions to F	filing Officer:	
<u> </u>		

Office Use Only



200334355772

00 11 0 € € 113 9 120 1 **9** € 1,43

2019 NOV 25 PH 3: 35
TALLAHASSEE OF STATE

Y SULKER 1:07 2 6 2019





## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2019

GULF BREEZE GREENSCAPES, LLC 2813 OAK RIDGE DR GULF BREEZE, FL 32563

SUBJECT: GULF BREEZE GREENSCAPES, LLC

Ref. Number: L09000056723

We have received your document for GULF BREEZE GREENSCAPES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 019A00022857

11-20-1

## **COVER LETTER**

SUBJECT: GUF Breeze Grenkca Cest, LLC (Name of Limited Liability Company)				
(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:				
.)				
LAREN HIPO ALD (Name of Person)				
Guf Bleeze Greenserps, LLC				
2813 OAK RIDGE Dn.				
City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)	_ · · · · · · · · · · · · · · · · · · ·			
finelosed is a check for the following amount.				
PAID with PRIOR Certificate of Dissolution & Certified Copy radditional copy is enclosed?  NOTIFICATION				
MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  STREET/COURIER ADDRE  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	SS:			

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is  Cay 131022 Sulmayer, UC.	
2.	The Articles of Organization were filed on	
	document number <u>L0900056723</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 2-20-19 reflective 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 listed as the document's effective date on the Department of State's records.	be
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).	n
	(loseed Grainers.	
	Z019 NOT TALL AH,	
5.	activities and affairs:    Halen Hyp ARD	
	Cuy Breeze, F.L 32563 FM &	_
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs.	
	Last mouse Xaren High ARD Printed Name	

FILING FEE: \$25.00 t