LOS 0000 67760

(Re	questor's Name)	
. (Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



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10/09/14--01011--005 **25.00

14 OCT -9 AH 9: 38
SECRETARY OF STATE
TALLAHASSEE, FI BRID.

در على

Gregory A. Thorpe 3232 Duncan Way Sarasota, FL 34239

Cell(815)633-2233 Home(941)918-0803)

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Oct. 7, 2014

To Whom It May Concern

Please be advised that I am seeking to dissolve my Florida Limited Liability Company, G Thorpe LLC. As per the instructions this will serve as the cover letter indicating the address and telephone numbers by which I may be contacted. I have enclosed the necessary forms and check #2 in the amount of \$25.00.

Yours truly,

G Thorpe LLC

Gregory A. Thorpe, President/Treasurer

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CTHORPE 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:
GREGORY A THORPE (Name of Person)
G THORPE LLC
(Firm/Company)
3232 DUNCAN WAY
SALASOTA FL 34239 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
GREGORY THORPE at 941, 918-0803
(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

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: 6 THORPE LLC	_
Document number of Limited Liability Company is: 29000 67360	-
Date of dissolution was:/O . / D 20/4	
Description of information that must be included in a written claim:	
THE LLC WAS FORMED TO PURCHASE	_
PROPERTY FOR RENT LOCATED AT	_
4025 RED BIRD CIR. N.	_
SARASOTA FL. 3423	_
<u>'</u>	_
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
GREGORY & THORPE	والإداع
CREGORY & THORPE SAN 5 7 3232 DUNCAN WAY	HIMA. Zakor
SARASOTA FL 34239 = = =	arou.
9:38 	and

Printed Name of the Person Filing

Signature of the Person Filing

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabi	lity company is ELLC.
2. The Articles of Organization	on were filed on JULY 9 2009 and assigned
document number(09000067360
3. The delayed effective date (effective	the dissolution if not effective on the date of filing: OCT. 10 20 fe date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited liability company's dissolution pursuant to sect (copy 605.0707 on back cover letter). **RED BIRD CIRCLE**
SALASOTA A	=L 34231 WAS SOLD
EFFECTI	VE 10,10. 2014
5. If there are no members, en activities and affairs:	iter the name and address of the person appointed to wind up the company's
	3232 DUNCAN WAY
	SALASOTH FL 34239 8
	SSS 1 · · · · · · · · · · · · · · · · ·
6. Signature of an authorized plisted above to wind up the con	person or if there are no members, the signature of the person appointed and mpany's activities and affairs:
Shegory a. Thom	GREGURY A. THORPE

FILING FEE: \$25.00