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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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JAN 2 6 2021 I ALBRITTON

COVER LETTER

TO:		stration Section ion of Corporations			
SUBJ		Gary Marker Consulting, LLC			
., 0. 12.0	.,,,,	(Name of Limit	ed Liability Company)		
		Articles of Dissolution and fee(s) are submit	_		
Please	return a	Ill correspondence concerning this matter to	the following:		
		Garyl Marker			
		(Nar	ne of Person)	_	
	(Firm/Company)				
		1029 LaCosta Ln		_	
			Address)		
		Winter Haven, FL, 33881	17. C 10	_	
		(Chyst	te and Zip Code)		
For fu	rther inf	ormation concerning this matter, please call			
	Gary	L. Marker	321 750-4725 at ()		
		(Name of Person)	(Area Code & Daytime Telephone Nu	mber)	
Enclose	ed is a ch	eck 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) 		
		ing Address:	Street Address:		
	-	stration Section sion of Corporations	Registration Section Division of Corporations		
	P.O.	Box 6327	The Centre of Tallahassee		
	Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ility company is	
Gary Marker Consulting LLC	2	·
2. The Articles of Organizati	on were filed on $05/26/20$	and assigned
document number L100000)56587	
(enech)	this block does not meet th	ective on the date of filing: 12/31/2020 re than 90 days later than date document is received for filing) e applicable statutory filing requirements, this date will not be not of State's records.
 A description of occurrence 605.0707, Florida Statutes, 	e that resulted in the limi (copy 605.0707 on back	ted liability company's dissolution pursuant to section cover letter).
retirement of the principal		
retirement of the principal		
retirement of the principal		
5. If there are no members, e activities and affairs:	Gary L. Marker	s of the person appointed to wind up the company's
	1029 LaCosta Ln	
	Winter Haven, FL 3388	1
6. Signature of an authorized above to wind up the compan	person or if there are no y's activities and affairs:	members, the signature of the person appointed and listed
GANC L. MARKER Signature		Gary L. Marker
Signature		Printed Name

FILING FEE: \$25.00

L01000011410

s Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
WAIT MAIL			
(Business Entity Name)			
(Document Number)			
ertificates of Status			
Special Instructions to Filing Officer:			

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JAN 2 6 2021 I ALBRITTON

COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	Treasure Coast Partners LLC				
(Name of Limited Liability Company)					
The enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Marcia Benson				
	(Na	me of Person)			
	(Firm/Company)				
	2688 NW South Shore Rd				
		(Address)			
	Stuart, Fl. 34994				
	(City/St	ate and Zip Code)			
For further in	formation concerning this matter, please call	l:			
Mar	cia Benson	772-528-083 7			
	(Name of Person)	at ()			
Enclosed is a cl	heck for the following amount:				
■ \$25.0	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	ling Address:	Street Address:			
-	sistration Section ision of Corporations	Registration Section Division of Corporations			
	Box 6327	The Centre of Tallahassee			
Tall	ahassee, FL 32314	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 Treasure Coast Partners LLC		_ . ,		
2.	2. The Articles of Organization were filed on July 1, 2012	and assigned	7.		
	document number L01000011410		·		
3.	3. The delayed effective date the dissolution if not effective date cannot be prior to or more. Note: If the date inserted in this block does not meet the a listed as the document's effective date on the Department of	pplicable statutory filing requirements, this date wi	ng) II not be		
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).				
	Asset Sold				
	Asset Sold				
	Asset Sold		— .		
					
5.	5. If there are no members, enter the name and address o activities and affairs:	f the person appointed to wind up the company	y`s		
			_		
6 a	6. Signature of an authorized person or if there are no m above to wind up the company's activities and affairs:	embers, the signature of the person appointed a	and listed		
	Mosera Benses	Marcia Benson			
	Signature	Printed Name			

FILING FEE: \$25.00