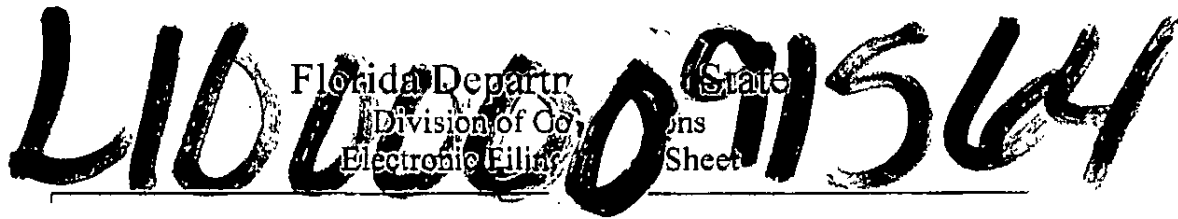


Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : I20160C00008  
Phone : (850)777-2091  
Fax Number : (770)220-1943

**LLC DISSOLUTION OR WITHDRAWAL  
SF PRICE CROSSING GP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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D. BRUCE  
NOV 29 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SF PRICE CROSSING GP 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:

Sharon K. Gray

(Name of Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Person)

at 770 777-2091

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
SF PRICE CROSSING GP LLC
2. The Articles of Organization were filed on 08/31/2010 and assigned  
document number L10000091564
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).  
The limited liability company is no longer transacting business in the State of Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Robert S. Green

2851 John Street, Suite One

Markham, Ontario L3R 5R7

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:

  
Signature

Robert S. Green

Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV 28 A 9:29

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