

L10000099976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

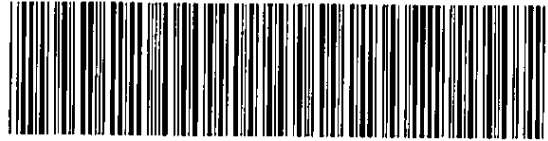
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
19 MAY 16 AM 12:07
TALLAHASSEE, FLORIDA

05/17/19--01001--006 **25.00

RECEIVED
19 MAY 16 PM 3:27
TALLAHASSEE, FLORIDA

K. SALY
MAY 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gainesville Stimulus Fund, 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:

J. Breck Brannen, Esq.

(Name of Person)

Pennington, P.A.

(Firm/Company)

P.O. Box 10095

(Address)

Tallahassee, FL 32302

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Breck Brannen, Esq. at 850 222-3533

(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 32304

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
Tallahassee, FL 32304

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
19 MAY 16 AM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Gainesville Stimulus Fund, LLC

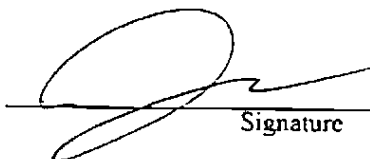
2. The Articles of Organization were filed on September 24, 2010 and assigned
document number L10000099976

3. The delayed effective date the dissolution if not effective on the date of filing: 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).
Consent of the sole Member.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: John McNeill, the Manager of McNeill Holdings, LLC, which is the Manager
of the Company, has been appointed by the sole Member to wind up the
Company's activities and affairs.
1018 Thomasville Road, Suite 200A, Tallahassee, FL 32303

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

John McNeill, as Manager of McNeill Holdings, LLC
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILED
19 MAY 16 AM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Gainesville Stimulus Fund, LLC

Document number of Limited Liability Company is: L10000099976

Date of dissolution was: May 8, 2019

Description of information that must be included in a written claim:

1. Claim amount;

2. Factual basis of Claim, stated with specificity; and

3. Origination date of Claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o John McNeill

1018 Thomasville Road

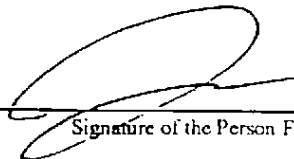
Suite 200A

Tallahassee, FL 32303

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.

John McNeill, Manager of McNeill Holdings, LLC, Manager of the Company

Printed Name of the Person Filing



Signature of the Person Filing

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

**RESOLUTION OF THE SOLE MEMBER FOR
DISSOLUTION OF GAINESVILLE STIMULUS FUND, LLC, A FLORIDA
LIMITED LIABILITY COMPANY**

THE UNDERSIGNED, being the sole Member of Gainesville Stimulus Fund, LLC (the "Company"), pursuant to Florida's Revised Limited Liability Company Act (the "Act") and the Operating Agreement of the Company, sets forth the following resolutions adopted by the sole Member:

RESOLVED that the matters described herein have been properly noticed and submitted to the sole Members entitled to grant or deny consent to said matters;

RESOLVED that the sole Member hereby agrees that the Company shall be dissolved and cease all further business activities except for winding up as set forth in the Act; and

RESOLVED that John McNeill, as Manager of McNeill Holdings, LLC, which is the Manager of the Company, is hereby designated and authorized to execute any and all documents necessary to effectuate the dissolution of the Company and the winding up of its affairs, and to take whatever actions may be required as part of said dissolution and winding up on behalf of the sole Member and the Company.

In witness whereof, the sole Member executes this Resolution as of the date set forth below.

Sole Member of Gainesville Stimulus Fund, LLC

McNeill Holdings, LLC

By: _____

John McNeill, its Manager

Date: _____

5-8-19

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TALLAHASSEE, FLORIDA