

LI 0000000 468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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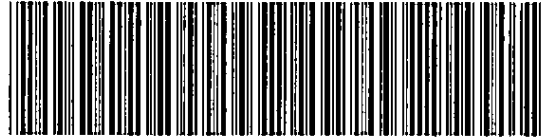
(Business Entity Name)

(Document Number)

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12/23/19--01042--022 \*\*25.00

R. WHITE

JAN 07 2020

2019 DEC 23 AM 11:37

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRACIES ACRES 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:

TIMOTHY NEWLON CPA

\_\_\_\_\_  
(Name of Person)

NEWLON SERVICES PA

\_\_\_\_\_  
(Firm/Company)

PO BOX 907

\_\_\_\_\_  
(Address)

SAN ANTONIO, FL 33576

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY NEWLON

\_\_\_\_\_  
(Name of Person)

352

at ( )

588-3844

\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2019 DEC 23 AM 11:37

1. The name of a limited liability company is

GRACIES ACRES LLC

2. The Articles of Organization were filed on 01/03/2011 and assigned

document number L11000000468

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 CONSENT OF ALL MEMBERS

THE CONSENT OF ALL MEMBERS

THE CONSENT OF ALL MEMBERS

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

HEIDI PENNELLA

22455 OAKVILLE DRIVE

LAND O LAKES, FL 34639

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:

X   
Signature

HEIDI PENNELLA

Printed Name

FILING FEE: \$25.00