

L11000024302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

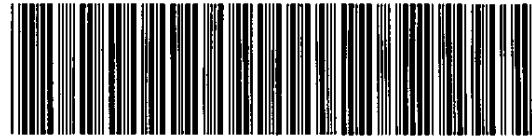
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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OCT 10 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATOR HOUSING GROUP, 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:

F.W. "FREDDIE" SCHINZ, MANAGER

(Name of Person)

GATOR HOUSING GROUP, LLC

(Firm/Company)

543 HARBOR BLVD, SUITE 301

(Address)

DESTIN, FL 32541

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

FREDDIE SCHINZ

(Name of Person)

at (850) 654-4884

(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:

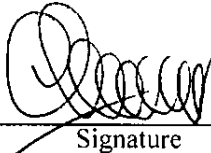
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
GATOR HOUSING GROUP, LLC
2. The Articles of Organization were filed on SEPTEMBER 25, 2011 and assigned
document number L11000024302
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)
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).
COMPANY SOLD

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: F.W. FREDDIE SCHINZ
543 HARBOR BLVD, SUITE 301
DESTIN, FL 32541

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

F.W. "FREDDIE" SCHINZ, MANAGER
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA