

(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900285113109

SECRETARY OF STATE TALLAHASSEE, FLOOUS

05/13/16--01011--029 **25.00

MAY 1 6 2016 S. YOUNG

COVER LETTER

Division of Corporations	
SUBJECT: George Roy 4551, 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:	
George S. Kalman	
(Name of Person)	161
	ALLAHASSE 16 MAY 13
(Firm/Company)	Ser Ser
100 Ocean Trail Way Apt. 909	PH 3:
(Address)	
Jupiter, FL 33477	و ا
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Luis A. Velasco "863 494-6495	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	

MAILING ADDRESS:

■ \$25.00 Filing Fee and Certificate of Dissolution

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

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
George Roy 4551, LLC	
2. The Articles of Organization were filed on $\frac{02/28}{2}$	/2011 and assigned
document number L11000024502	
3. The delayed effective date the dissolution if not (effective date cannot be prior to e Note: If the date inserted in this block does not med listed as the document's effective date on the Depart	r more than 90 days later than date document is received for filing) t the applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on b	imited liability company's dissolution pursuant to section ack cover letter).
The LLC ceased its operations and has no intentions	o re-establish them in the future.
CLOK PURMESS	o re-establish them in the future.
	<u> </u>
	70
	ယ္ —
5. If there are no members, enter the name and add activities and affairs:	ress of the person appointed to wind up the company's
6. Signature of an authorized person or if there are listed above to wind up the company's activities ar	no members, the signature of the person appointed and d affairs:
	George S. Kalman
Signature	Printed Name

FILING FEE: \$25.00