# L11000087146

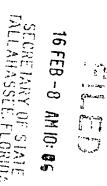
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600281626206

02/08/16--01022--011 \*\*25.00



FEB 0 9 2016

**J SHIVERS** 

## COVER LETTER . . .

Name of Limited Liability Company)

Registration Section Division of Corporations

TO:

The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PAUL H GIBBS (Name of Person)		
Getaway homas LLC (Firm/Company)		
5155 ISLAKEY BLVDS		
5155 ISLAKEY BLVD S  (Address)  ST Peters Fung FL 337/S  (City/State and Zip Gode)		
For further information concerning this matter, please call:		
PAUL GIBBS at (727) 415 - 4086 (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 32314  Tallahassee, FL 32301		

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	GETAWAY HOMES LLC
2.	The Articles of Organization were filed on $\frac{7/20}{20}$ and assigned
	document number <u>L11 0 000 8 3</u> 146
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).
	Location + CustomERS acquired by
	Seesta Const Realitie
	Owner Refusin
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	5155 Isla Key BLODS
	#406
	ST. Petersburg FL 33715
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:
>	ault Signature Printed Name

FILING FEE: \$25.00

#### **Notice of Limited Liability Company Dissolution**

#### 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: Getaway homes LLC
Document number of Limited Liability Company is: <u>L110000 83146</u>
Date of dissolution was: 1/30/20/6
Description of information that must be included in a written claim:
Customers and business location aguired by Siesta Coxet Realty,
by Siesta Coxst Realty,
Owner returing
TALSE T
CRE TO
SSE 8
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
5155 ISLA KEY BLVD SO
441/
ST PETERS BURG, FL 337/5
A claim against the above named limited liability company will be barred unless a proceeding to enforce the

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