Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000056563 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Fax Number

Account Number : 076077001702

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Phone

: (407)841-1200 : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL GRACE UPON GRACE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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K. SALY

To:

Fax: (850) 617-6383

Page: 2 of 3

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

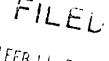


1. The name of a limited Grace Upon Grace, LLC	• •	TALLAHASSET FLORIDA
2. The Articles of Organi	zation were filed on January 26, 2012	and assigned
document number L1	2000012697	
(ef Note: If the date inserte	date the dissolution if not effective on fective date cannot be prior to or more than 90 and in this block does not meet the applicable effective date on the Department of State	days later than date document is received for filing) le statutory filing requirements, this date will not be
4. A description of occur 605.0707, Florida Statu	rence that resulted in the limited liabilities, (copy 605.0707 on back cover let	ity company's dissolution pursuant to section er).
Consent of the Member		
5. If there are no member activities and affairs:	s, enter the name and address of the pe	erson appointed to wind up the company's
	695 Canal Court	
	Satellite Beach, FL 32937	
6. Signature of an authoriabove to wind up the com	zed person or if there are no members, pany's activities and affairs:	the signature of the person appointed and listed
Memos Z	Thomas Thomas	s L. Kirk
Signatu	re	Printed Name

FILING FEE: \$25.00

īo;

(((H22000056563 3)))



Notice of Limited Liability Company Dissolution

FILEL 2022 FEB 11 FM 5: 14

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:
Document number of Limited Liability Company is: L12000012697
Date of dissolution was:
Description of information that must be included in a written claim:
Name of Claimant:
Address of Claimant:
Amount of Claim:
Basis of Claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Thomas L. Kirk 965 Canal Court
Satellite Beach, FL 32937
Salemie Deach, FL 32937
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.
\sim
Thomas L. Kirk Mowes L. Kirk
Printed Name of the Person Filing Signature of the Person Filing