

112000030547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

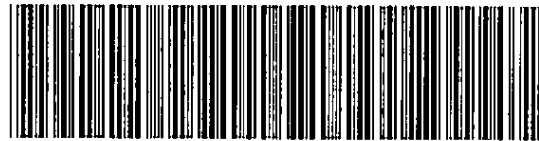
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



100377657641

Effective Date 12/31/2021

12/22/21--01008- -009 \*\*25.00

FILED  
2021 DEC 22 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

Dissolution

JAN 05 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GPD Pathology 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:

Jon Ward

(Name of Person)

Warbler Irrevocable Trust

(Firm/Company)

247 S Cove Terrace Dr

(Address)

Panama City, FL 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Ward

(Name of Person)

850

867-7503

at

(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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

1. The name of a limited liability company is  
GPD Pathology LLC

2. The Articles of Organization were filed on 3/1/2012 and assigned  
document number L12000030547

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021  
(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).

Assets were liquidated and all funds were dispersed to owners. All bank accounts closed.

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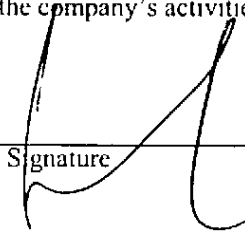
Assets were liquidated and all funds were dispersed to owners. All bank accounts closed.

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

247 S Cove Terrace Dr

Panama City, FL 32401

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

Jon Ward

Printed Name

**FILING FEE: \$25.00**

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