

L12000042065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

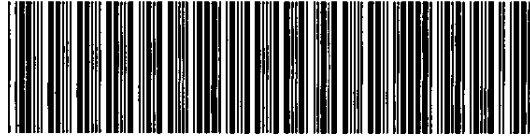
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000267866160

01/02/15--01029--015 \*\*25.00

FILED  
15 FEB -3 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 5 2015  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMYRE FINANCIAL 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:

GREGORY P. SMYRE  
(Name of Person)

SMYRE FINANCIAL  
(Firm/Company)

1882 Capital Circle NE, Suite 204  
(Address)

Tallahassee, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory Smyre at (850) 391-9277  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 FEB -3 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

January 16, 2015

GREGORY P SMYRE  
1882 CAPITAL CIR NW  
STE 204  
TALLAHASSEE, FL 32308

SUBJECT: SMYRE FINANCIAL LLC  
Ref. Number: L12000042065

We have received your document for SMYRE FINANCIAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 615A00001017

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

1. The name of a limited liability company is

SMYRE FINANCIAL LLC

2. The Articles of Organization were filed on 3/27/12 and assigned

document number L12000042065

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)

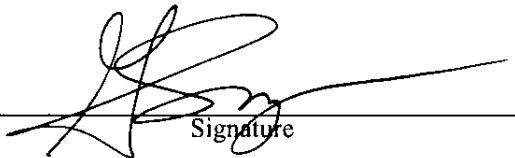
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Financial planning practice (employer) is  
unable to have checks payable to LLC;  
no need to be incorporated

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

GREGORY P. SMYRE  
1882 Capital Circle NE, Suite 204  
Tallahassee, FL 32308

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

Gregory P. Smyre  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
15 FEB -3 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Smyre Financial

Document number of Limited Liability Company is: L12000042065

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

Financial planning practice (employer) is  
unable to have checks payable to LLC  
→ No need to be incorporated.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

GREGORY P. SMYRE  
1882 Capital Circle NE, Suite 204  
Tallahassee FL 32308

FILED  
15 FEB -3 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Gregory P. Smyre  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

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