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## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L12 000113245

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
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**LLC DISSOLUTION OR WITHDRAWAL  
GIBBS & NASH, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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November 18, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GIBBS & NASH, LLC  
PO BOX 15678  
BROOKSVILLE, FL 34604

SUBJECT: GIBBS & NASH, LLC  
REF: L12000113245

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE COMPLETE SECTION FOURTH WITH THE DATE OF FILING OF THE DISSOLUTION.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

FAX Aud. #: H21000424104  
Letter Number: 021A00027997

P.O BOX 6327 - Tallahassee, Florida 32314

H21000424104

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is:

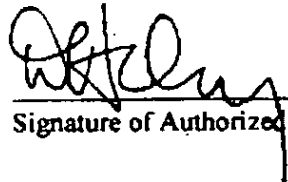
Gibbs & Nash, LLC

**SECOND:** The Florida Document number of the limited liability company is: L12000113245

**THIRD:** The date of filing of the initial articles of organization is: 09/04/2012

**FOURTH:** The date of filing of the dissolution is: 11/16/2021

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

David Ownby, Authorized Representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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