

613000015108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

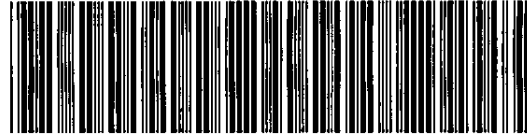
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TALLAHASSEE, FLORIDA

1402 6 JUN 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAMROCK MCKINLEY 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:

ELISABETH ALONSO

(Name of Person)

MCKINLEY, INC.

(Firm/Company)

320 N MAIN STREET

(Address)

ANN ARBOR, MI 48104

(City/State and Zip Code)

For further information concerning this matter, please call:

CHERYL A RABBITT

(Name of Person)

734

at (

769-8520

) (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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
SHAMROCK MCKINLEY LLC
2. The Articles of Organization were filed on JANUARY 20, 2013 and assigned
document number L13000015108
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).
TERMINATION OF BUSINESS
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: CHERYL A RABBITT
SVP OF MCKINLEY ASSOCIATES, INC. GP OF
GPR MCKINLEY MANAGER LLC, MANAGER
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:

14 JUN - 8 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cheryl A Rabbitt
Signature

CHERYL A RABBITT

Printed Name

FILING FEE: \$25.00