

9/19/2017

Division of Corporations

11300034522

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

2017 SEP 19 PM 9:46
FALL AVENUE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
GECMC 2005-C4 NAPLES COMPLEX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

17 SEP 19 PM 9:53
FALL AVENUE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

n SCOTT
SEP 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GECMC 2005-C4 NAPLES COMPLEX, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

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/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
GECMC 2005-C4 NAPLES COMPLEX, LLC
2. The Articles of Organization were filed on 03/06/2013 and assigned
document number L13000034522
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)
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).
Winding up of business affairs. Entity has no assets remaining.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Tausha Wagner
1601 Washington Ave., Suite 800, Miami Beach, FL 33139
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

Tausha Wagner

Printed Name

FILING FEE: \$25.00