

L13000081258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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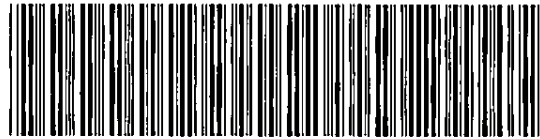
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GMTR 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:

GWINN MURRAY

(Name of Person)

APEX PAIN MANAGEMENT

(Firm/Company)

4888 RED BRICK RUN

(Address)

SANFORD, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

GWINN MURRAY

(Name of Person)

at (407) 468-8299  
(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

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SEC. 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  
GMTR,LLC

2. The Articles of Organization were filed on JUNE 4,2013 and assigned  
document number L13000081258

3. The delayed effective date the dissolution if not effective on the date of filing: 12/11/2024  
(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).

Retirement of Active Medical Practice

Retirement of Active Medical Practice

Retirement of Active Medical Practice

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Gwinn Murray 4888 Red Brick Run/Sanford, FL 32771

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

GWINN MURRAY

Printed Name

**FILING FEE: \$25.00**

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SECRET  
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TALLAHASSEE, FL

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