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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SHRI	Breakwater Ventures, LLC				
SUBJECT: (Name of Limited Liability Company)					
	nclosed Articles of Dissolution and fee(s) are submi				
		<u> </u>			
	Mark C Gelnaw				
	(Name of Person)				
	(Fi	rm/Company)			
	19100 SE County Line Road				
		(Address)			
	Tequesta, FL 33469				
	(City/S	tate and Zip Code)			
For fu	rther information concerning this matter, please cal	II:			
Mark C. Gelnaw		561 744-8655 at ()			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclos	ed 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:	Street Address:			
	Registration Section				
	Division of Corporations P.O. Box 6327	Division of Corporations  The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
randiassee, 115 52517		Tallahassee, FL 32303			

# MARK C. GELNAW 19100 SE COUNTY LINE ROAD TEQUESTA, FL 33469 561-744-8655 KFGELNAW@GMAIL.COM

January 23, 2020

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 23214

RE: Breakwater Ventures, LLC (Lic# L13000118938)

Please find enclosed the Articles of Dissolution for Breakwater Ventures, LLC (referenced above). I have attached a filing fee in the amount of \$25.00.

If you have any questions, please contact me. My information is listed above.

Thank you,

Mark C. Gelnaw

Principal /

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

1. The name of a limited lia Breakwater Ventures, LLC	bility company is
2. The Articles of Organizat	tion were filed on and assigned
document number L13000	0118938
Note: If the date inserted	the dissolution if not effective on the date of filing: 11/30/2019 tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.
<ol> <li>A description of occurren 605.0707, Florida Statutes Ceased business</li> </ol>	nce that resulted in the limited liability company's dissolution pursuant to section s, (copy 605.0707 on back cover letter).
Ceased business  Ceased 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:	Mark C. Gelnaw
	19100 SE County Line Rd
	Tequesta, FL 33469
6. Signature of an authorize above to wind up the compa	ed person or if there are no members, the signature of the person appointed and listed any's activities and affairs:
Koul Julna	Mark C. Gelnaw Printed Name
/ Signature	t timed Name

**FILING FEE: \$25.00** 

### 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:	ures, LLC
• • •	L13000118938
Date of dissolution was:	
Description of information that must be included in a	written claim:
Name	
Company	
Address and Phone number of Individual Making Claim	
Details of Event	
Date of Occurence	
Mailing address where claims can be sent: (Claims c	annot be sent to the Division of Corporations)
Tequesta, FL 33469	
A claim against the above named limited liability cor- claim is commenced within 4 years after the filing of	
Mark C. Gelnaw	Marly Gelman
Printed Name of the Person Filing	Signature of the Person Filing

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