

U13000153092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

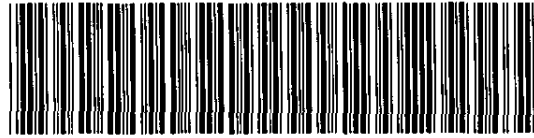
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100267688941

FILED

15 FEB 25 AM 11:10

15 FEB 25 PM 12:58

FEB 26 2015

S. YOUNG

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 02-25-15

NAME: EL GALEON APARTMENTS GP, LLC

TYPE OF FILING: ARTICLES OF DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY

FILED
15 FEB 25 AM 11:10
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: El Galeon Apartments GP, 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:

Joanne D. Flanagan

(Name of Person)

JDF, LLC

(Firm/Company)

340 Pemberwick Road

(Address)

Greenwich, CT 06831

(City/State and Zip Code)

FILED
15 FEB 25 AM 11:17
TALLAHASSEE, FLORIDA
CLERK OF COURT

For further information concerning this matter, please call:

Teresa C. Behan

(Name of Person)

203

869-0900

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
El Galeon Apartments GP, LLC
2. The Articles of Organization were filed on October 30, 2013 and assigned
document number L13000153092
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).
Entity is no longer needed

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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

Kristin M. Miller, President

Printed Name

FILING FEE: \$25.00

FILED

FEB 25 2014

TRG Member of FL II, LLC