

**L13000155454**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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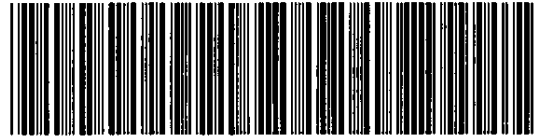
(Business Entity Name)

(Document Number)

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04/11/17--01010--012 25

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 10 PM 3:41

EFFECTIVE DATE  
5/27

APR 12 2017  
S. YOUNG

FILED  
2017 APR 10 AM 10:45  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 8 STB 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:

JOHN S. GAINES JR.  
(Name of Person)

8 STB, LLC  
(Firm/Company)

127 LEAFMORE RD.  
(Address)

ROME, GA 30165  
(City/State and Zip Code)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 APR 10 PM 3:41

For further information concerning this matter, please call:

JOHN GAINES at ( 706 ) 346-0225  
(Name of Person) (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

8 STB, LLC

2. The Articles of Organization were filed on 11-4-2013 and assigned

document number L13000155454

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 29, 2017  
(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).

PROPERTY WAS CONVERTED FROM AN "LLC"  
TO A PARTNERSHIP AND THE PROPERTY IS  
NOW RENTED BY GULF CREST CONDOMINIUMS,  
NEW CONTACT IS COURTNEY HARRIS, 800 584-9337.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: JOHN GAINES 706 346-0225

127 LEAFMORE RD.

ROME, GA. 30165

6. Signature of an authorized person or if there are no members, the signature of the person appointed as listed above to wind up the company's activities and affairs:

  
Signature

JOHN GAINES JR.  
Printed Name

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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