L14000035978

(Req	uestor's Name)	
(Add	ress)	
C 1212	,	
(Address)		
(City/State/Zip/Phone #)		
PiCK-UP	☐ WAIT	MAIL
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(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Contitional Company	Cortificator	o of Status
Certified Copies	. Certificates	S Of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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T Burst MAR 18 2015

COVER LETTER

(Name of Limited Liability Company)			
he enclosed Articles of Dissolution and fee(s) are submit	ted for filing.		
lease return all correspondence concerning this matter to	the following:		
GARY A. GIBBONS, ESQ.			
(Na	me of Person)		
GIBBONS NEUMAN			
(Fir	m/Company)		
3321 HENDERSON BLVD.			
	(Address)		
TAMPA, FLORIDA 33609			
(City/St	ate and Zip Code)		
or further information concerning this matter, please call:			
GARY A. GIBBONS, ESQ.	at (813) 877-9222		
(Name of Person)	(Area Code & Daytime Telephone Number)		
nclosed 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:

TO:

Registration Section Division of Corporations

> 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	
403 CLEVELAND STREET, LLC	
2. The Articles of Organization were filed on 3/4/201	4 and assigned
document number <u>L14000035978</u>	
3. The delayed effective date the dissolution if not eff (effective date cannot be prior to or more than 90 days later the	ective on the date of filing:
(crossive data cannot be prior to or more and 100 days mior a	TAL S
4. A description of occurrence that resulted in the lim	ited liability company's dissolution pursuant to
section 605.0707, Florida Statutes, (copy 605.0707	on back cover letter).
Consent of all Member to dissolve company.	Ura, a
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	>
5. If there are no members, enter the name and address	s of the person appointed to wind up the
company's activities and affairs:	
6. Signature of an authorized person or if there are no and listed above to wind up the company's activities a	members, the signature of the person appointed and affairs:
£	
0 0 0	
James P. Cetora III	JAMES P. DEFORD, III
Signature	Printed Name

FILING FEE: \$25.00