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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gulf Pro Investmen (Name of Limited L	iability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Patricia Tessmann L (Name o	Harrison (Personal Representative Of Estate)
Gulf Pro Investment	s LLC ompany)
2488 Hwy 98 Kast	iress)
Carrabelle FL 3232 (City/State a	nd Zip Code)
For further information concerning this matter, please call:	
Patricia Harrison (Name of Person)	at (850) 661-5537 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\forall \text{S25.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company	is		()	Sa SO
Gulf Pro Investo	nents		5.7	7//
2. The Articles of Organization were filed of document number L 14 0000_	on <u>63/13</u>	/2014	and assigned	No. 18
3. The delayed effective date the dissolutio (effective date cannot be Note: If the date inserted in this block does listed as the document's effective date on the	s not meet the app	meable statutory filing re	og 127/20 cument is received f quirements, this da)2.0 or filing) ne will not be
4. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.07	l in the limited l 07 on back cove	iability company's diss er letter).	olution pursuant	to section
James Harrell H	acrison,	J- DECE	ASED_	
_				
				_ -
		······		
5. If there are no members, enter the name	and address of	the person appointed to	wind up the con	npany's
activities and affairs: Pat	cicia H	arcison		
848_	8 Hwy	48-Eas1		
Carro	abelle,	98-East FL 32322		
				
6. Signature of an authorized person or if t above to wind up the company's activities	here are no men and affairs:	mbers, the signature of t	he person appoir	nted and listed
atricia Jessmann Vann Signature	ion [atricia Tessma Printed	na Harri Name	2011

FILING FEE: \$25.00

THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT IN AND FOR FRANKLIN COUNTY, FLORIDA

PROBATE DIVISION
IN RE: ESTATE OF
JAMES HARRELL HARRISON, JR.
Deceased

File No. 01-2020-CP-000070

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MIGHT CONCERN:

WHEREAS: JAMES HARRELL HARRISON, JR., a resident of Franklin County, Florida, died on September 27, 2020, owning assets in the State of Florida, and

WHEREAS: PATRICIA HARRISON has been appointed Personal Representative of the estate of the Decedent and has performed all acts prerequisite to issue of any Letters of Administration in the Estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare PATRICIA HARRISON duly qualified under the laws of the State of Florida to act as Personal Representative of the estate of JAMES HARRELL HARRISON, JR.,, deceased, with full power to administer the estate according to law, to ask, to demand, sue for, recover and receive the property of the decedent to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distributions of the estate according to law.

ORDERED ON _

Circuit Judge

Prepared by:
Judy D. Johnson
Attorney at Law
Florida Bar #0354155
2418 SE 12 Street
Ocala, FL 34471
Judy 1129@gmail.com
352-351-9200