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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GROSS HOFFMAN, PLLC

Account Number : I20010000038 Phone : (561)997-9223 Fax Number : (561)989-8998

## LLC DISSOLUTION OR WITHDRAWAL **GROUP P6-D LLC**

Certificate of Status	0
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## **COVER LETTER**

	tration Section ion of Corporations	
SUBJECT:	GROUP P6-D LLC	
5000001.		Liability Company)
<b>-</b>		
	Articles of Dissolution and fee(s) are submitted	_
Please return a	Il correspondence concerning this matter to the	following:
	BETSY COURANT	
	(Name o	of Person)
	GROSS HOFFMAN PLLC	
	(Firm/C	ompany)
	490 E. PALMETTO PARK ROAD, SUITE	101
	(Ad	dress)
	BOCA RATON, F1, 33432	
	(City/State a	and Zip Code)
For further inf	ormation concerning this matter, please call:	
BET	SY COURANT	561 997-9223, EXT. 2
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:	
<b>■</b> \$25.0	0 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liability company is  GROUP P6-D LLC		
2.	The Articles of Organization were filed on		
	document number		
6. 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 filin Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will listed as the document's effective date on the Department of State's records.			
1.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to secti 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).  SALE OF COMPANY ASSETS	or.	
	<u> </u>		
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. a	. Signature of an authorized person or if there are no members, the signature of the person appointed and bove to wind up the company's activities and affairs:	בלאני הבימני בימני	•
	Signature Printed Name	ASSE ASSE	
	FILING FEE: \$25.00	PM 3: 0	ָרָר בַּי