

L14000158189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

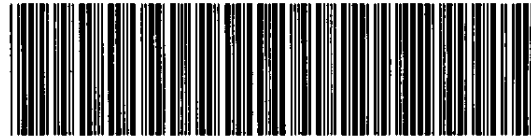
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M. MILLIGAN
EXAMINER

MAR 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BRIDGE GROUP 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:

MICHAEL GISONDA

(Name of Person)

GISONDA & ASSOCIATES INC.

(Firm/Company)

100 W. CYPRESS CREEK RD., STE 960

(Address)

FORT LAUDERDALE, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN KOZLOSKI

(Name of Person)

954

941-0848

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
THE BRIDGE GROUP LLC

2. The Articles of Organization were filed on 10/09/2014 and assigned
document number L14000158189

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).

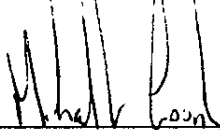
THIS LLC IS BEING DISSOLVED IN ORDER FOR THE NAME TO BE USED BY THE

MEMBERS FLORIDA CORPORATION. ARTICLES OF AMENDMENT FOR

GISONDA & ASSOCIATES INC. ARE INCLUDED WITH THESE DOCUMENTS.

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

MICHAEL V. GISONDA

Printed Name

FILING FEE: \$25.00

15
MAR 23 PM 4:10
FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA