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| (R | equestor's Name) | , | | |
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| (A | ddress) | | | |
| (A | ddress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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12012 South Shore Blvd., Ste. 107 Wellington, FL 33414 www.gslawfirm.com

Francisco J. Gonzalez Benjamin P. Shenkman Tel. 561-227-1575 Fax 561-227-1574

March 19, 2015

VIA FEDERAL EXPRESS/PRIORITY OVERNIGHT DELIVERY

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 (850) 245-6052

RE: Grantouren, LLC

Dear Sir/Madam:

Enclosed please find the following in connection with the above entity:

- 1. Our firm check, number 2826, in the amount of \$55.00, which represents payment for the filing of the Articles of Dissolution for the above entity, along with a certified copy of same;
 - 2 Original Articles of Dissolution and a copy (to be certified).

Please file same and return the requested copies to this office in the enclosed prepaid Federal Express return envelope.

Thank you for your time and attention to the foregoing. If you have any questions, please contact the undersigned.

Sincerely Yours,

₋aura J. Krugei

/lk: encls

COVER LETTER

| Divi | ision of Corporations | | |
|-----------------|--|---|--|
| SUBJECT: | Grantouren, LLC | | |
| SUBJECT. | (Name of Limit | ed Liability Company) | |
| The enclosed | Articles of Dissolution and fee(s) are submitted | ed for filing. | |
| Please return | all correspondence concerning this matter to | the following: | |
| | Margaret Jayne | | |
| | (Nan | ne of Person) | |
| | Grantouren, LLC | | |
| (Firm/Company) | | | |
| | 10592 Pisa Road | | |
| | (. | Address) | |
| | Wellington, FL 33414 | Α | |
| | (City/Sta | te and Zip Code) | |
| For further in | formation concerning this matter, please call: | | |
| Ma | rgaret Jayne | at (847) 226 2021 (Area Code & Daytime Telephone Number) | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a c | heck for the following amount: | | |
| \$25.0 | 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

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 LIMITED LIABILITY COMPANY

| | A LIMITED LIABILITY COMPANY | 200 | 5 |
|------------|--|------------|----------|
| l. | The name of a limited liability company is Grantouren, LLC | CHETASS | 1 MAR 20 |
| 2. | The Articles of Organization were filed on November 7, 2014 and assigned document number L14000173474 | EL FLORIDA | PH 3: 49 |
| 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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). | section | |
| • | The unanimous consent of all members. | | - |
| | | | - |
| | | | _ |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the comparactivities and affairs: | my's | |
| | | | |
| 6. list | Signature of an authorized person or if there are no members, the signature of the person appointed ted above to wind up the company's activities and affairs: | l and | |
| 1 | Margaret Jayne Margaret Jayne Signature Printed Name | | |

FILING FEE: \$25.00