

L14000 192545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

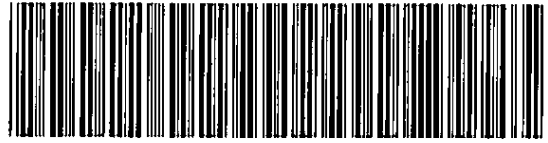
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 FEB -5 AM 11:05
SECRETARY OF STATE
TALLahassee, FLORIDA

FEB 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gary Clifford Larson, 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:

Gary Larson

(Name of Person)

(Firm/Company)

P.O. Box 17781

(Address)

Sarasota, FL 34276

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Larson

(Name of Person)

941

882-0322

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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
Gary Clifford Larson, LLC

2. The Articles of Organization were filed on 12/15/2014 and assigned
document number L14000192545

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
All members consent to cessation of business operations.
All members consent to cessation of business operations.
All members consent to cessation of business operations.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Gary Larson
P.O. Box 17781
Sarasota, FL 34276

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STATE OF FLORIDA
TALLAHASSEE

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

Gary Larson
Printed Name

FILING FEE: \$25.00