45000062763

(Re	equestor's Name)	<u></u>
(Ac	ldress)	
(Ac	ldress)	
· (Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Document Number)		
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COVER LETTER

TO: Registration Section

Division of Corporations SUBJECT: Gaslight Properties, LLC DOCUMENT NUMBER: L15000062763 The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cynthia McCraw (Name of Contact Person) Sirote & Permutt, P.C. (Firm/Company) P.O. Box 55727 (Address) Birmingham, AL 35255-5727 (City/State and Zip Code) For further information concerning this matter, please call: Cynthia McCraw (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$60 Filing Fee, **≥**\$25 Fiting Fee □ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limite	ed Liability Company: Gaslight Properties, LLC		
Document num	ber of Limited Liability Company is: L15000062763		
Date of dissolu	tion was: February 23,2017		
Description of i	information that must be included in a written claim:		
Such claim s	should set forth the name of the claimant, the address and telephone		
number of th	ne claimant, the nature of the claim, including, but not limited to, all facts		
supporting th	ne claim and the date such claim arose.		
		17	13.5
		AR AR	12.0
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		∞	
	1546 Baytowne Avenue North	20 HA	0F.ST
	Miramar Beach, FL 32550	9	A A A A A A A A A A A A A A A A A A A
			•
A claim against commenced wi	t the above named limited liability company will be barred unless a proceeding to enforce thin 4 years after the filing of this notice.	e the claim	is
Cindra L. Re	eyba Candra & Rend	~	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing