

L15 0000 84235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

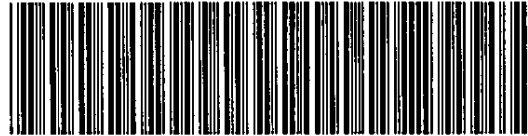
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 SEP -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Geo Hills Associates, 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:

James Combs

(Name of Person)

N/A

(Firm/Company)

2250 Arielle Drive, Unit 1702

(Address)

Naples, Florida 34109-3310

(City/State and Zip Code)

For further information concerning this matter, please call:

James Combs

775

843-8394

at ()

(Name of Person)

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

JAMES COMBS
2250 ARIELLE DRIVE, UNIT 1702
NAPLES, FL 34109-3310

SUBJECT: GEO HILLS ASSOCIATES, LLC
Ref. Number: L15000084235

2016 SEP -7 PM 5:10
TALLAHASSEE, FLORIDA

We have received your document for GEO HILLS ASSOCIATES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 016A00016327

FILED
15 SEP -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

JAMES COMBS
2250 ARIELLE DRIVE, UNIT 1702
NAPLES, FL 34109-3310

SUBJECT: GEO HILLS ASSOCIATES, LLC
Ref. Number: L15000084235

2016 AUG 22 PM 3:31
TALLAHASSEE, FLORIDA

We have received your document for GEO HILLS ASSOCIATES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 016A00016327

6011.610
16 SEP -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Geo Hills Associates, LLC

2. The Articles of Organization were filed on 05/06/2015 and assigned
document number L15000084235

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)
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).
The only member of the LLC has retired.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: James Combs

2250 Arielle Drive, Unit 1702

Naples, Florida 34109-3310

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:

James Combs
Signature

James Combs

Printed Name

FILING FEE: \$25.00

FILED
16 SEP -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA