## 116000162957

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



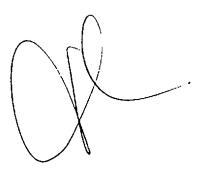
000419285730

## **VOID**

11/27/23--01016--019 \*\*225.00

See 03/21/24 Statement of Fact





## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Gasparilla (Name of Limi	Investments, LLC ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	o the following:
<u>Caroline</u> (Na	John Son ame of Person)
ELU ASS	sociates Inc.
21 Custom H	(Address) Ste 700
- Buston MA	(Address)  (Address)
For further information concerning this matter, please cal	H. 30
Caroline John Son (Name of Person)	at ( 617 ) 589-3654  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:   S25.00 Filing Fee and Certificate of Dissolution	\$555.00 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
	Gasparilla Investments, LC
2.	The Articles of Organization were filed on 8130 12016 and assigned
	document number <u>L016000162957</u>
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 Sale of other disposition of all or substructedly all of the very property of the LLC.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:    Caroling Johnson Contoller   2   2   2   2   2   2   2   2   2
	21 Custom House Ste 700 = 5
	Bosten, MA 02110
6. <b>ab</b>	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
\ _	aula Johnson  (Signature Printed Name

**FILING FEE: \$25.00**