

L160000170290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUN 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2017

JOSEPH KENNEDY
4395 ALPINE LANE
TITUSVILLE, FL 32780

SUBJECT: GULF ATLANTIC OUTDOORS, LLC
Ref. Number: L16000170290

We have received your document for GULF ATLANTIC OUTDOORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 917A00009086

2017 JUN -5 PM 3:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF ATLANTIC OUTDOORS 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:

JOSEPH J. KENNEDY
(Name of Person)

GULF ATLANTIC OUTDOORS LLC
(Firm/Company)

4395 ALANE LN.
(Address)

TITUSVILLE, FL. 32780
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH KENNEDY at 321, 747 - 4237
(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

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

1. The name of a limited liability company is

GULF ATLANTIC OUTDOORS LLC

2. The Articles of Organization were filed on _____ and assigned

document number L16000170290

3. The delayed effective date the dissolution if not effective on the date of filing: 9-12-16

(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.

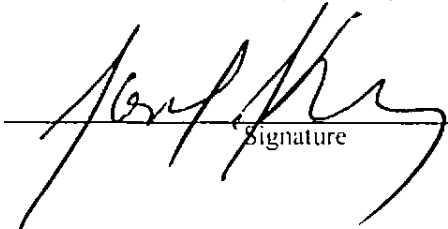
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

DUE TO PERSONAL ILLNESSES
AND A LACK OF STARTUP FUNDS
I AM DISSOLVING 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:

JOSEPH KENNEDY
4395 ACPINE LN
TITUSVILLE, FL 32780

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

JOSEPH KENNEDY
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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 Limited Liability Company: GULF ATLANTIC OUTDOORS LLC

Document number of Limited Liability Company is: LI6000170290

Date of dissolution was: 5-1-17

Description of information that must be included in a written claim:

MUST HAVE INVOICE OR BILL
PRESENTED

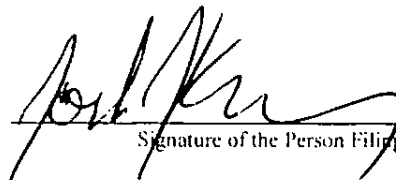
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4395 ALPINE LN
TITUSVILLE, FL 32780

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JOSEPH KENNEY

Printed Name of the Person Filing



Signature of the Person Filing

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