

L16 0003779924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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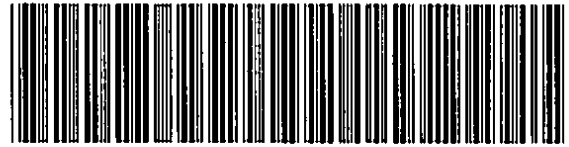
(Business Entity Name)

(Document Number)

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000377848320

12/20/21--01910--007 **25.00

Effective Date 12/21/21

FILED
2021 DEC 20 PM 4:37
CLERK OF COURT
JULIA A. GIBSON

Dissolution

DEC 28 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Converged Technologies 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:

Victoria B. Lee

(Name of Person)

Personal Representative of Gary W. Lee, deceased
(Firm/Company)

9224 Cherokee St

(Address)

Youngstown, FL 32466

(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Lee

(Name of Person)

at (850) 832-0909

(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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
2021 DEC 20 PM 4:37

FILED

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

1. The name of a limited liability company is

Converged Technologies LLC

2. The Articles of Organization were filed on 12/19/2016 and assigned

document number L16000229924

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021
(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).

Death of AMBR Gary Lee

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

9224 Cherokee St

Youngstown, FL 32466

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:

Victoria B. Lee
Signature

Victoria B. Lee
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
JAN 10 2021

2021 DEC 20 PM 4:37

FILED

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021140063

DATE ISSUED: AUGUST 13, 2021

DECEDENT INFORMATION

DATE FILED: JULY 29, 2021

NAME: GARY LEE

DATE OF DEATH: JULY 25, 2021

SEX: MALE

AGE: 064 YEARS

DATE OF BIRTH: FEBRUARY 24, 1957

SSN: ***-**-2381

BIRTHPLACE: BLOUNTSTOWN, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: BAY MEDICAL CENTER - SACRED HEART HEALTH SYSTEM

LOCATION OF DEATH: PANAMA CITY, BAY COUNTY, 32401

RESIDENCE: 9224 CHEROKEE STREET, YOUNGSTOWN, FLORIDA 32466, UNITED STATES

COUNTY: BAY

OCCUPATION, INDUSTRY: SELF-EMPLOYED, TELECOMMUNICATIONS

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: VICTORIA BACEN

FATHER'S/PARENT'S NAME: EDWARD LEE

MOTHER'S/PARENT'S NAME: SHIRLEY BARLOW

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: KATHRYN HILL

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 16900 FRONT BEACH ROAD, PANAMA CITY BEACH, FLORIDA 32413, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JOHN B. WAY, F042975

FUNERAL FACILITY: SOUTHERLAND FAMILY FUNERAL HOME - PANAMA CITY F040575

100 E 19TH ST, PANAMA CITY, FLORIDA 32405

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: GENESIS CREMATORY
PANAMA CITY, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1655

DATE CERTIFIED: JULY 26, 2021

CERTIFIER'S NAME: WALTER CLIFFORD RUSTMANN

CERTIFIER'S LICENSE NUMBER: OS13675

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2023041139

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1948 (03-13)

CERTIFICATION OF VITAL RECORD



IN THE CIRCUIT COURT FOR BAY COUNTY,
FLORIDA PROBATE DIVISION
IN RE: ESTATE OF

File No. 2021-1105-CP

GARY WALTON LEE, A/K/A
GARY W. LEE
Deceased.

**ORDER APPOINTING PERSONAL REPRESENTATIVE
AND ORDER WAIVING BOND
(intestate -- single)**

On the petition of Victoria B. Lee for administration of the estate of Gary Walton Lee, a/k/a Gary W. Lee, deceased, and the Petition to Waive Bond of Personal Representative, the court finding that the decedent died on July 25, 2021, and that Victoria B. Lee is entitled to appointment as personal representative by reason that she is the spouse of decedent, and is qualified to be personal representative, it is

ADJUDGED that Victoria B. Lee is appointed personal representative of the estate of the decedent, and that upon taking the prescribed oath, filing designation and acceptance of resident agent, waivers of bond being filed by interested parties, bond shall be waived and letters of administration shall be issued. **ORDERED** on this the Monday, September 20, 2021

03-2021-CP-001105 09/20/2021 05:32:43 PM

Elijah Smiley

Elijah Smiley, Judge
03-2021-CP-001105 09/20/2021 05:32:43 PM

ELIJAH SMILEY, M.B.A., C.P.A.
Circuit Judge, Bay County, Florida

COPIES VIA THE EPORTAL TO:
GARY WALTON LEE



A CERTIFIED TRUE COPY
BILL KINSAUL CLERK
OF THE CIRCUIT COURT

By *[Signature]*
Deputy Clerk

IN THE CIRCUIT COURT FOR BAY COUNTY,
FLORIDA PROBATE DIVISION
IN RE: ESTATE OF

File No. 2021-1105-CP

GARY WALTON LEE, A/K/A
GARY W. LEE
Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Gary Walton Lee, a/k/a Gary W. Lee, a resident of Bay County, Florida, died on July 25, 2021, owning assets in the State of Florida, and

WHEREAS, Victoria B. Lee has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

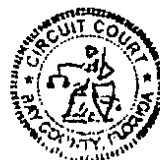
NOW, THEREFORE, I, the undersigned circuit judge, declare Victoria B. Lee duly qualified under the laws of the State of Florida to act as personal representative of the estate of Gary Walton Lee, a/k/a Gary W. Lee, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on this the Monday, September 20, 2021

03:2021-CP-001105 09/20/2021 05:33:48 PM

Elijah Smiley

Elijah Smiley, Judge
03-2021-CP-001105 09/20/2021 05:33:48 PM



ACERTIFIED TRUE COPY
BILLEKINSAUL CLERK
OF THE CIRCUIT COURT

By *Billekinsaul*
Deputy Clerk