

6/7/2021

Division of Corporations

FAX AUDIT NO.: H21000224209 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000224209 3)))



H210002242093ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

LLC DISSOLUTION OR WITHDRAWAL
GASPARILLA 340 LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

RECEIVED

2021 JUN -7 AM 10:29

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -7 AM 8:44

FILED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

1/4

FAX AUDIT NO.: H21000224209 3

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

1. The name of a limited liability company is

GASPARILLA 340 LLC

2. The Articles of Organization were filed on 10/17/2017 and assigned

document number L17000214817

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).

Pursuant to the occurrence of an event described in s. 605.0701(1)-(3), the LLC shall deliver for filing articles of

dissolution as provided in this section. The dissolution of the LLC was approved by its members and its

activities and affairs must be wound up.

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

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

John M. Peterman, Manager of JMP Family Trust Ho
Printed Name

FILING FEE: \$25.00

2021 JUN - 7 AM 8:44
FILED
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT NO.: H21000224209 3

FAX AUDIT NO.: H21000224209 3

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: GASPARILLA 340 LLCDocument number of Limited Liability Company is: L17000214817

Date of dissolution was: _____

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

NAME AND ADDRESS OF CLAIMANT, DESCRIPTION OF CLAIM AND AMOUNT OF CLAIM

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

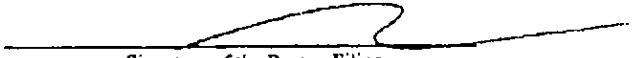
153 SEVILLA AVENUE
CORAL GABLES, FL 33134

FILED
2021 JUN - 7 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

John M. Peterman, Manager of JMP Family Trust Holdings LLC

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**

FAX AUDIT NO.: H21000224209 3