

L18000 249 692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

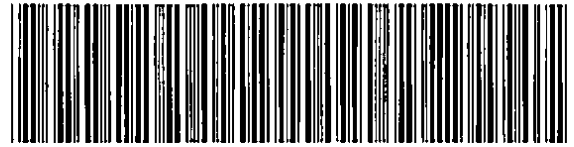
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

EFFECTIVE DATE  
9/10

Office Use Only



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08/01/19--01004--027 \*\*25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

19 AUG -1 PM 2:42

FILED

AUG 07 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2019

GASTON A MURRAY  
GMAN TENNIS LLC  
6714 FINAMORE CIRCLE  
LAKE WORTH, FL 33467

SUBJECT: GMAN TENNIS "LLC"  
Ref. Number: L18000249692

We have received your document for GMAN TENNIS "LLC", however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 919A00014819

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GMAN TENNIS 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:

Gaston A. Murray

(Name of Person)

GMAN TENNIS LLC

(Firm/Company)

6714 Finamore Circle

(Address)

Lake Worth, FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Gaston A. Murray

(Name of Person)

at ( 561 ) 324-9900

(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

GMAN TENNIS LLC

2. The Articles of Organization were filed on October 24th, 2018 and assigned

document number L18000249692

3. The delayed effective date the dissolution if not effective on the date of filing: September 10, 2019

(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).

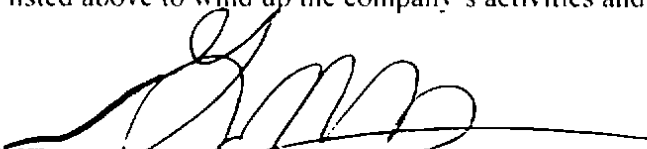
I am moving as I have accepted out of state employment and will no longer be utilizing the LLC.

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

activities and affairs: 6714 Finamore Circle, Lake Worth, FL 33467

GASTON A. MURRAY

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

**Gaston  
Murray**

Printed Name

**FILING FEE: \$25.00**

19 AUG - 1 21 42  
FILED  
TALLAHASSEE, FLORIDA

FILED

## 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: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

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

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

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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.

Gaston Murray

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**