1180000287723

(Requestor's Name)				
(Addr	ess)			
(Address)				
(City/S	State/Zip/Phone	e #)		
	_			
PICK-UP	WAIT	MAIL		
(Busin	ness Entity Nar	me)		
(Docu	ment Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

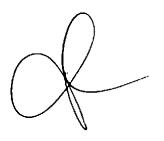
Office Use Only



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2022 DEC 14 PH 3: 00



COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Granite GCPH, LLC			
SOBJECT: _	(Name of Limited Liability Company)			
	Articles of Dissolution and fee(s) are submi	_		
Please return a	all correspondence concerning this matter to	the following:		
	Donna Colavito			
	(Na:	me of Person)		
	Granite Associates, Inc.			
	(Fir	m/Company)		
225 Banyan Boulevard, Suite 130				
	(Address)			
	Naples, FL 34102			C TE
	(City/St	nte and Zip Code)		MALLAHASSEE, F
For further info	ormation concerning this matter, please call	:		E E E
Donr	na Colavito	845 at (295-2763	1 -1
	(Name of Person)		de & Daytime Telephone	Number)
Enclosed is a ch	eck for the following amount:			
\$25.0	0 Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolu opy (additional copy is enc	
Regi Divi P.O.	ing Address: Istration Section Ision of Corporations Isox 6327 Inhassee 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 Granite GCPII, LLC
2.	The Articles of Organization were filed on December 12, 2018 and assigned
	document number L18000287723
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).
	Consent of all members pursuant to operating agreement.
	DEC "
	HAS:
	Signature of the state of the s
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. ab	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:
>	Adam Gerry, Manager
	Signature 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: Granite GCPII, LL	<u> </u>
Document number of Limited Liability Company is:	8000287723
Date of dissolution was:	
Description of information that must be included in a w	ritten claim:
Name, address & e-mail address of claimant	2 DEC
Reason for claim	AHA AHA
Amount of claim	LL PH 3: 0 HASSEE, FL
	S FA
	U. C
Mailing address where claims can be sent: (Claims can Granite GCPII, LLC 225 Banyan Boulevard, Suite 130	not be sent to the Division of Corporations)
Naples, FL 34102	
A claim against the above named limited liability comp claim is commenced within 4 years after the filing of the	
Adam Gerry, Manager	18-
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