L22000232847

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·			
(Ac	ldress)				
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(City/State/Zip/Phone #)					
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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT:	103 Horizon GP LLC					
(Name of Limited Liability Company)						
`he enclosed	d Articles of Dissolution and fee(s) are submit	ted for filing.				
lease return	all correspondence concerning this matter to	the following:				
	Christopher Torchia					
	(Nar	me of Person)				
	Torchia Law Firm PA					
	(Firm/Company)					
	522 S Hunt Club Blvd #326					
	(Address)					
	Apopka, FL 32703-4960					
	(City/Sta	ate and Zip Coxle)				
or further ir	nformation concerning this matter, please call	:	·			
Chi	ristopher Torchia	407 at (869-1004			
	(Name of Person)		Code & Daytime Telephone Number)			
nclosed is a	check for the following amount:					
■ \$ 25	■ \$25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolut Certified Copy (additional copy is encl					
	iling Address:	Street Addres				
Registration Section Division of Corporations P.O. Box 6327		Registration	n Section Corporations			
			of Tallahassee			
Tallahassee, FL 32314			onroe Street. Suite 810			
		Tallahassee	, FL 32303			



August 23, 2023

CHRISTOPHER TORCHIA TORCHIA LAW FIRM PA 522 S HUNT CLUB BLVD #326 APOPKA, FL 32703-4960

SUBJECT: 103 HORIZON GP LLC Ref. Number: L22000232847

We have received your document for 103 HORIZON GP LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 023A00019556

Neysa Culligan Regulatory Specialist III

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2023 SEP 19 PM 1:42

1.	The name of a limited liability company is	Section 13 PM 1:1				
	103 Horizon GP LLC	TALLAHASSEE, FLORIE				
2.	The Articles of Organization were filed on $\underline{\underline{M}}$	ay 27, 2022 and assigned				
	document number L22000232847					
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 tiling) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b listed as the document's effective date on the Department of State's records.					
4.	A description of occurrence that resulted in th 605.0707. Florida Statutes, (copy 605.0707 on	ne limited liability company's dissolution pursuant to section a back cover letter).				
	The LLC is being dissolved by the consent of all the	he members of the LLC, there being no business that the LLC				
5.	If there are no members, enter the name and a activities and affairs:	address of the person appointed to wind up the company's				
6. ab	Signature of an authorized person or if there a ove to wind up the company's activities and af	are no members, the signature of the person appointed and listerfairs:				
a	intolar Taulie	Christopher Torchia, Esq., as authorized agent				
	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 \$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: 1.22000232847	
Date of dissolution was:	
Description of information that must be included in a written claim:	
The name, physical address, mailing address, phone number, and email address of the claimant; a description of the claimant and email address of the claimant; a description of the claimant and email address of the claimant; a description of the claimant and email address of the claimant; a description of the claimant and email address of the claimant; a description of the claimant and email address of the claimant and email address of the claimant; a description of the claimant and email address of the claimant	cription of the
the claim, including the date the claim arose, the amount of the claim; if there is any agreement, whethere is any agreement, and it is a property of the claim.	her written or
oral, giving rise to the claim, provide a copy of the agreement, if written, or a written description of the	ne agree, if
oral; a copy of all other documents supporting the existence of the claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpora Torchia Law Firm PA 522 S Hunt Club Blvd PMB 326 Apopka, FL 32703-4960	TALL ANASSEE, FLORIDA
A claim against the above named limited liability company will be barred unless a proceedin claim is commenced within 4 years after the filing of this notice.	g to enforce the
Christopher Torchia, Esq., as authorized agent Antythe landua	-
Printed Name of the Person Filing Signature of the Person I	Filing

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