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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L23000109501**

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To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

LLC DISSOLUTION OR WITHDRAWAL
NORTH TAMPA MHC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2023 DEC 14 AM 7:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH TAMPA MHC, 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:

D. SCOTT BAKER, ESQUIRE

(Name of Person)

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

(Firm/Company)

315 E. ROBINSON STREET, SUITE 600

(Address)

ORLANDO, FLORIDA 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal

(Name of Person)

407

425-7010

at (_____) _____

(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

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

1. The name of a limited liability company is
NORTH TAMPA MHC, LLC

2. The Articles of Organization were filed on MARCH 9, 2023 and assigned
document number L23000109501

3. The delayed effective date the dissolution if not effective on the date of filing: UPON 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 SOLE MEMBER AND CESSATION OF BUSINESS

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

315 E. ROBINSON STREET, SUITE 600

ORLANDO, FLORIDA 32801

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:

DocuSigned by:

Gabe Monfried

CPHAA0612A1M64

Gabe Monfried

Signature

Printed Name

FILING FEE: \$25.00

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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: NORTH TAMPA MHC, LLC

Document number of Limited Liability Company is: L23000109501

Date of dissolution was: UPON FILING

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

DETAILED DESCRIPTION OF CLAIM TO INSUDE THE AMOUNT OF THE CLAIM, THE DATE

OF THE CLAIM AND THE NAME AND ADDRESS OF THE CLAIMANT

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

GMF GROUP FUND II HOLDINGS, LLC

315 E. ROBINSON STREET, SUITE 600

ORLANDO, FLORIDA 32801

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.

Gabe Monfried

Printed Name of the Person Filing

DocuSigned by:

Gabe Monfried

C8260DE12A-5A54

Signature of the Person Filing

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

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