

L24000211427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

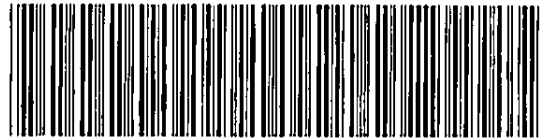
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000429162050

05/14/24 10:00 AM - 10:00 AM

RECEIVED

2024 JUN 14 PM 12:37

CALLAHAN, SEAN

STATE

6

M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6 Pillared House 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:

Erica Gillman
(Name of Person)

(Firm/Company)

105 Hasell Lane
(Address)

St Simons Island, GA 31522
(City/State and Zip Code)

For further information concerning this matter, please call:

Erica Gillman at 520, 955-3720
(Name of Person) (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

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

1. The name of a limited liability company is

6 Pillared House LLC

2. The Articles of Organization were filed on 5/6/2024 and assigned
document number L24000211427

3. The delayed effective date the dissolution if not effective on the date of filing: immediately (6/14/24)
(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).

formed incorrectly initially

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]
Signature

Erica Gillman
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: 6 Pillared House LLC

Document number of Limited Liability Company is: L2400021147

Date of dissolution was: 6/14/24

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

Original formation documents were
incorrect. We will be dissolving,
releasing name, and reforming
correctly.

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

105 Hasell Lane
St. Simons Island, GA 31522

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.

Erica Gillman

Printed Name of the Person Filing

Erica Gillman

Signature of the Person Filing