

294000000713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

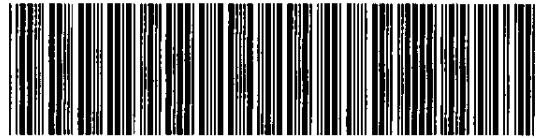
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000145626150

03/18/09--01009--014 **25.00

FILED
09 MAR 18 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 19 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GABLES MANAGEMENT LTD. CO.
(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:

HEIKE BUSBY

(Name of Person)

ALLURE ACCOUNTING LLC

(Firm/Company)

3665 BONITA BEACH ROAD, STE. 3

(Address)

BONITA SPRINGS, FL 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

MARENA LOEFFLER

(Name of Person)

at (239) 992-3355

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
09 MAR 18 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
GABLES MANAGEMENT LTD. CO.

2. The Articles of Organization were filed on **12/23/1994** and assigned document number
L94000000713

3. The date the dissolution was approved: **02/05/09**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

COMPANY DOES NO LONGER CONDUCT BUSINESS.

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

HENDRIK F. BLOKSMA

ELFRIEDE E. BLOKSMA

FILING FEE: \$25.00

FILED
09 MAR 18 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA