

L990000006339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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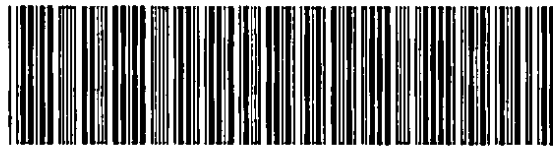
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
JULIA M. GIBSON

FILED

Dissolution

DEC 28 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLOWBERRY INVESTMENTS L. C.

(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:

GARY EDWARD GSCHWIND, MANAGING MEMBER

(Name of Person)

WILLOWBERRY INVESTMENTS L. C.

(Firm/Company)

8569 S. E. WOODWIND STREET

(Address)

HOBE SOUND, FLORIDA 33455-4256

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY EDWARD GSCHWIND

(Name of Person)

270

970-9939

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

FILED
2021 DEC 18 PM 2:57
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

WILLOWBERRY INVESTMENTS L.L.C.

2. The Articles of Organization were filed on OCTOBER 5, 1999 and assigned

document number L99000006339

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).

VOLUNTARY DISSOLUTION AND CESSATION OF ALL ACTIVITIES

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: GARY EDWARD GSCHWIND, MANAGING MEMBER

8569 S. E. WOODWIND STREET

HOBE SOUND, FLORIDA 33455-4256

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:

Gary Edward Gschwind
Signature

GARY EDWARD GSCHWIND

Printed Name

FILING FEE: \$25.00