

L020000016420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

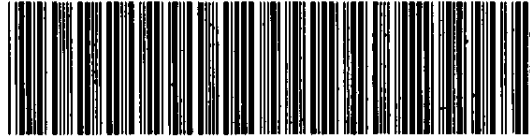
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/06/16--01031--002 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 20 A 9 12

FILED

S Warren
JUN 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2016

VIRGINIA J. BENOIT GAVINO
230 S. DIXIE HIGHWAY
BOCA RATON, FL 33432

SUBJECT: GAVINO INVESTMENTS, L.L.C.
Ref. Number: L02000016420

We have received your document for GAVINO INVESTMENTS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 416A00012225

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAYINO INVESTMENTS LLP
(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:

VIRGINIA J. BENOIT GAYINO
(Name of Person)

(Firm/Company)

230 S. DIXIE HWY.
(Address)

BOCA RATON FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

V. GAYINO at (561) 395-7731
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

GAYIND INVESTMENTS LLC

2. The Articles of Organization were filed on 9-1-2002 and assigned

document number LO2000016400

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)

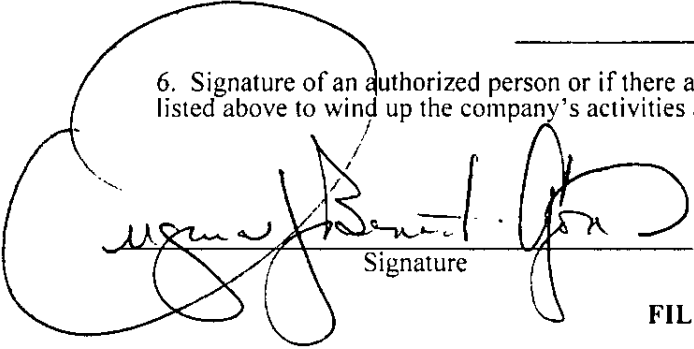
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

BUSINESS CLOSED / OUT 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: _____

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

VIRGINIA J. BENOIT GAYIND

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SEP 20 A 9:12

FILED

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: GAYINO INVESTMENTS LLC

Document number of Limited Liability Company is: LO2000016420

Date of dissolution was: 6-16-14

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

CLAIMANT
" ADDRESS & PHONE NO.
SUBJECT & AMOUNT OF CLAIM
DATE OF ORIGINAL CLAIM FOR FEES
SIGNED / AUTHORIZED DELIVERY RECEIPT

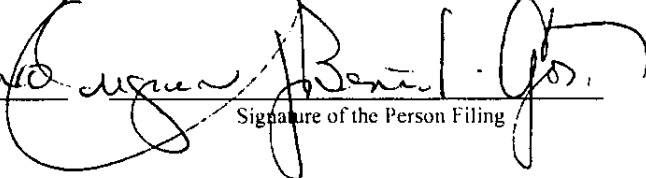
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

GAYINO
BOX 1972
BOCA RATON FL 33409

2015 JUN 20 A 9:12
SECRETARY OF STATE
TAMM CENTER
FLORIDA

FILED

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.

VIRGINIA J. BENOIT-GAYINO 
Printed Name of the Person Filing Signature of the Person Filing

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