

L08000112422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

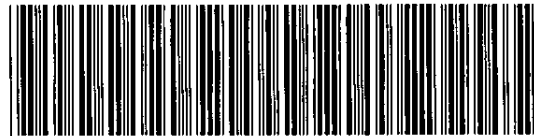
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/31/14--01001--004 **25.00

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DEPARTMENT OF STATE
14 MAR 28 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR 28 PM 1:20

100-443887-100

L. B. Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLFBytEz 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:

Roger Chantreille
(Name of Person)

(Firm/Company)

501 W 7 Ave
(Address)

Tall FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (850) 509 3578
(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

Gulf Bytes LLC

2. The Articles of Organization were filed on 120908 and assigned
document number L080000112422

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

Going out of Business

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Roger Chantrelle
501 W 7 Ave Tall
FL 32303

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

Rh

Printed Name

Roger Chantrelle

FILING FEE: \$25.00