

L17000051663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

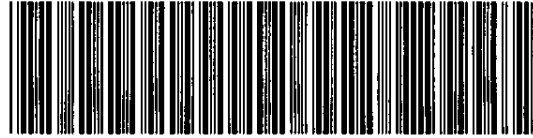
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/09/15--01025--017 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB -9 AM 8:28

FILED

J. Stivers FEB 17 2015

2/27

**GCB Marketing LLC
3474 Corning St.,
Port Charlotte, FL 33980**

1/12/15

**To whom it may concern,
The business of GCB Marketing LLC has ceased to operate as a
business as of Dec. 31st 2014. Therefore I am cancelling the LLC
license with the State of Florida.**



Anthony G. Benevides (President)

RECEIVED
15 JAN 21 AM 10:00
**FLORIDA DEPARTMENT OF REVENUE
BUREAU OF COMMERCIAL
INFORMATION SERVICES**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.C.B. MARKETING 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:

GARY BENEVIDES
(Name of Person)

(Firm/Company)

3474 CORNING ST
(Address)

PORT CHARLOTTE, FL 33980
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY BENEVIDES at (941) 380 6905
(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

G.C.B. MARKETING LLC

2. The Articles of Organization were filed on 4/9/2013 and assigned

document number L13000051663

3. The delayed effective date the dissolution if not effective on the date of filing: 2/28/2015
(effective date cannot be prior to or more than 90 days later than date document is received for 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).

COULD NOT GET BUSINESS STARTED FOR LACK OF FUNDS.

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 BEBEVIDES

3474 CORNING ST

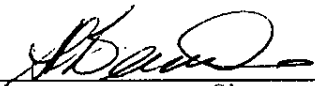
PORT CHARLOTTE

FL 33980

15 FEB 9 AM 8:28
TALLAHASSEE, FLORIDA

11 FEB 9

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

A. G. BEBEVIDES.

Printed Name

FILING FEE: \$25.00