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COVER LETTER

TO: Registration Section Division of Corporations GOSEMOS PARTNERS LLC SUBJECT: (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: Raul Sanchez Elia (Name of Person) GOSEMOS PARTNERS LLC (Firm/Company) 495 Brickell Ave., Suite 1101 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Raul Sanchez Elia 917 8686082 (Area Code & Daytime Telephone Number) (Name of Person) 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) Street Address: Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is GOSEMOS PARTNERS LLC
2.	The Articles of Organization were filed on $\frac{12/18/2019}{}$ and assigned
	document number <u>L 2 000 000 6 4 2</u>
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).
	Members pursuing other Interests OM
	West Coastcluring pandemic
	ACCEPT TO THE TOTAL PROPERTY OF THE TOTAL PR
	HASSO B M
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: KAUL SANCHEZ EMA
	495 BRICKELLAN, BOT 1101
	Miami, FL 33131
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
6	Raul Sanchez Buá RAUL SANCHEZ-EHÁ
	Signature Printed Name

FILING FEE: \$25.00