

**1700018419**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : 120120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

**LLC DISSOLUTION OR WITHDRAWAL  
GUIDI FARM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2019 MAY 20 AM 10:27  
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05/19/2019 10:10:16 AM

HA90001639693

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: GUIDI FARM 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:

JULIA TEDESCO  
(Name of Person)  
ACCOUNT BOOKKEEPING CORP  
(Firm/Company)  
5301 CONROY ROAD SUITE 140  
(Address)  
ORLANDO, FL 32811  
(City/State and Zip Code)

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For further information concerning this matter, please call:

JULIA TEDESCO at ( 407 ) 898-1757  
(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

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
GLIDI FARM LLC

2. The Articles of Organization were filed on 01/23/2017 and assigned  
document number L1700001S-19

3. The delayed effective date the dissolution if not effective on the date of filing: 05/20/2019  
(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).  
THE DISSOLUTION OF THIS LIMITED LIABILITY COMPANY WAS APPROVED BY ALL MEMBERS.

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

SILVIA MARTA M VASSIMON  
Printed Name

APPROVED,  
AND  
FILED  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA