Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000138688 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : I20090000078

Phone

: (561)801-7312

Fax Number

: (561)515-3904

## LLC DISSOLUTION OR WITHDRAWAL G SOFI INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176381 From: 15615153904 Date: 05/08/21 Time: 7:02 AM Page: 01/04

To: 15615153904 From: Restricted Date: 04/08/21 Time: 2:19 PM Page: 01 850-617-6381 4/8/2021 10:19:12 AM PAGE 1/001 Fax Server



April 8, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

G SOFI INVESTMENTS, LLC 44 WEST FLAGLER ST SUITE 2300 MIAMI, FL 33130

SUBJECT: G SOFI INVESTMENTS, LLC

REF: L08000061761

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Notice of Dissolution must contain a description of information that should be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

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.

Karen A Saly FAX Aud. #: H21000138688 Regulatory Specialist II Letter Number: 821A00007283

### COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	G SOFI INVESTMENTS, LLC			
	CT: (Name of Limited	Liability Company)		
The encl	losed Articles of Dissolution and fee(s) are submitte	d for filing.		
Please re	sturn all correspondence concerning this matter to the	e following:		
	Paul A. Krasker, Esq.			
(Name of Person)				
	The Law Office of Paul A. Krasker, P.A.			
	(Firm/Company)			
	1615 Forum Place, 5th Floor			
	(Address)			
	West Palm Beach, FL 33401			
(City/State and Zip Cock)				
For further information concerning this matter, please call:				
	Andrea Murphy Snowden	561 515-4722 at ()		
	(Name of Person)	at ()  (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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

To: 18506176381 From: 15615153904 Date: 05/08/21 Time: 7:02 AM Page: 03/04

EDZI HAY -7 PM 4:41

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabilit	company is		
G SOFI INVESTMENTS, LLC			
2. The Articles of Organization	ere filed on June 24, 2008 and assigned		
document number 1.0800006	61		
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 ( 605.0707, Florida Statutes, (c	et resulted in the limited liability company's dissolution pursuant to section by 605,0707 on back cover letter).		
The LLC has sold all of the com	The LLC has sold all of the company assets.		
The LLC has sold all of the com  5. If there are no members, enter activities and affairs:	the name and address of the person appointed to wind up the company's		
<ol> <li>Signature of an authorized po above to wind up the company's</li> </ol>	on or if there are no members, the signature of the person appointed and listed ctivities and affairs:		
LAURENT GRYKPLER	Laurent Grindler		
Signature	Printed Name		

FILING FEE: \$25.00

To: 18506176381 From: 15615153904 Date: 05/08/21 Time: 7:02 AM Page: 04/04

### 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: G SOFI INVESTM	ENTS, LLC
Document number of Limited Liability Company is:	8000061761
Date of dissolution was:	in the second se
Description of information that must be included in a wi	ritten claim:
Name, Address, phone number, nature of	claim, claim amount
Mailing address where claims can be sent: (Claims cann	not be sent to the Division of Corporations)
175 SW 7TH STREET	
SUITE (110/111)	
MIAMI, FL 33130	
A claim against the above named limited liability compactain is commenced within 4 years after the filing of thi	is notice.
Laurent Grindler	Laurent GRAPLER
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