L0000015095

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| , , , , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (2000) |
| Codified Copies Codificates of Chat. |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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04/26/19--01018--008 **25.00

2019 APR 26 PH 6: 08

COVER LETTER

| SUBJECT: Qallery Tropical LC (Name of Limited Liability Company) | |
|--|--|
| (Name of Emmed Elability Company) | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Link Z Baum (Name of Person) Qallery Tropical LC (Firm/Company) H948 Bimini Rd (Address) Tequesta, F1. 33469 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| LINK Z Baum at (561) 889-2193 (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee and Certificate of Dissolution \$\sum_{\text{\$\subset}}\$\$ \$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

| ł. | The name of a limited liability company is |
|------------|--|
| | gallery Tropical ha |
| | |
| 2. | The Articles of Organization were filed on $12/51/2000$ and assigned |
| | document number <u>L00000015095</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). |
| | The Company, gallery Tropical LC, |
| | has reased conducting any |
| | business. |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's |
| | activities and affairs: |
| | |
| | |
| | |
| | |
| | ## 108 |
| 6. list | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs: |
| | |
| \ | link & Baum |
| _ | Link Z. Baum Signature Printed Name |
| | FILING FEE: \$25.00 |