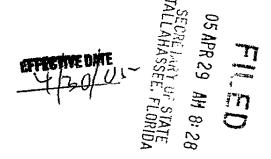
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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	istration Section ision of Corporation	ons		73445
SUBJECT:	GNR	Investm (Name of L	imited Liability Company)	05 APR 29
The enclosed	Articles of Disso	lution and fee(s) are sub	mitted for filing.	
Please return	all correspondence	e concerning this matter	to the following:	AN 8: 28 SEE, FLORIE
	N	Andry M	Roman's (Name of Person)	DRIDA PRIDA
_	<u></u>		(Firm/Company)	
	1704	Meteopo		Suite #2
	TAIL	all ASCEL (City	323 (State and Zip Code)	08
For further in	formation concer	ning this matter, please o	all:	
\triangle	Janly (Na	Romans ne of Person)	at (<u>850</u>) (Area Code &	Z28-7272 Daytime Telephone Number)
Enclosed is a c	check for the follow	ing amount:		-
\$25.00 Filin	ng Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	5 \$60.00 Filing Fee, Certificate of Status &

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(additional copy is enclosed)

Certified Copy (additional copy is enclosed)

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