

L04000080798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

19 SEP 30 PM 1:07

Account Number: FCA000000017
Date: 9-30-19
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585
Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO DEDUCT FROM ACCOUNT
\$ 60.00
(more if needed)

Corporation Name: GSS Financial Services, LLC
Email Address: _____
Entity Number: L04000080798
Authorization: Kim Pullen

Dissolution
 Certified Copy
 New Filings
 Fictitious Name

Plain Stamped Copy
 Amendments
 Dissolution

Certificate of Status
 Annual Report
 Registration

() Call When Ready () Call if Problem () After 4:30
() Walk In () Will Wait () Pick Up

CF Internal Use Only
Client: 40805 Matter: 40217
Name: D. Mackey Office: TLH

*PUSH!
Please!
Thanks!*

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Annual Report

Fictitious Name

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*PUSH
Please!
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
OF
GSS FINANCIAL SERVICES, LLC

Doc # L04000080798

Pursuant to Section 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), GSS Financial Services, LLC, a Florida limited liability company (the "Company"), hereby adopts the following Articles of Dissolution:

ARTICLE I
Name

The name of the Company is GSS Financial Services, LLC.

ARTICLE II
Effective Date

The dissolution of the Company shall be effective as of the date of filing.

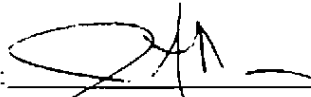
ARTICLE III
Dissolution Occurrence

The Company was dissolved upon the consent of the members, pursuant to Section 605.0701(2) of the Act.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Dissolution this 30 day of September 2019.

Member:

GREGORY, SHARER & STUART, P.A.

By: 
Name: James G. Newman
Title: President