

L07000036332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

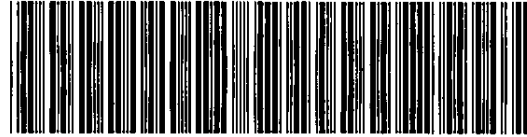
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/14--01008--020 **25.00

B. BOSTICK
MAY 29 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOZAL, 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:

ROBERTO J. LEVINSON

(Name of Person)

GOZAL LLC

(Firm/Company)

16850-112 COLLINS AVENUE, STE 103

(Address)

SUNNY ISLES, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO LEVINSON

(Name of Person)

at 786 925-1755
(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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
GOZAL LLC
2. The Articles of Organization were filed on 04/05/2007 and assigned
document number L07000036332
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)
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).
Voluntary dissolution

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: ROBERTO LEVINSON

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

ROBERTO LEVINSON

Printed Name

FILING FEE: \$25.00