# L0700048172

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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2015 MAR 13 AM II: 49
ALCABASSEE, FLORIDA

#### **COVER LETTER**

1

TO:

Registration Section

Division of Corporations  GALA, LLC					
SUBJECT: (Name of Limite	d Liability Compar	ny)			
The enclosed Articles of Dissolution and fee(s) are submitte	ed for filing.				
Please return all correspondence concerning this matter to t	he following:				
Alvaro Castillo					
- (Nam	(Name of Person)				
Castillo & Associates					
(Firm	(Firm/Company)				
1390 Brickell Avenue Suite 200	1390 Brickell Avenue Suite 200				
(/	\ddress)				
Miami, FL 33131	•				
(City/Stat	e and Zip Code)				
For further information concerning this matter, please call:					
Alvaro Castillo	305	371-5540			
(Name of Person)		ode & Daytime Telephone Number)			
Enclosed is a check for the following amount:					
✓ \$25.00 Filing Fee and Certificate of Dissolution		g Fee. Certificate of Dissolution & Opy (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 FILED FOR A LIMITED LIABILITY COMPANY 13 AM 11: 49

1.	The name of a limited liability company is GALA, LLC		TALLAMASMEE, PLOMIDA		
2.	The Articles of Organization were filed on 05	6/08/2007	and assigned		
	document number L07000048772				
3.	The delayed effective date the dissolution if no (effective date cannot be prior to	ot effective on the date of or more than 90 days later th	f filing:an date document is received for filing)		
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to se 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	Seize Business Operations				
	· · · · · · · · · · · · · · · · · · ·				
5.	If there are no members, enter the name and ac	ddress of the person appo	pinted to wind up the company's		
	activities and affairs:		<u></u>		
_					
6. lis	Signature of an authorized person or if there a sted above to wind up the company's activities a	re no members, the signa and affairs:	ature of the person appointed and		
	/ Lotte	Alvaro Castille	0		
_	Signature		Printed Name		

FILING FEE: \$25.00