

80798000086708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

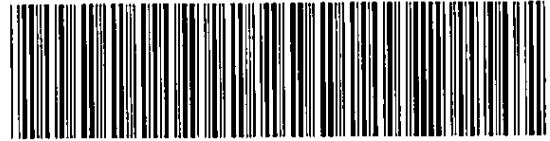
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900421070049

01/04/24--01032--025 \*\*55.00

2024 JAN -4 AM 11:10  
SECRETARY OF STATE  
FILING OFFICE

## COVER LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Dr G. SQUARED 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:

Charles L. Goldsmith MD  
(Name of Person)  
Dr G SQUARED - F/K/A GVG  
(Firm/Company)  
4386 oakes Road Suite 807  
(Address)  
Davie Fla 33314  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Goldsmith at ( 305 ) 776-7615  
(Name of Person) (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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

DC 6 SQUARED

2. The Articles of Organization were filed on 03/11/2020 and assigned

document number L 680000 86 708

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2023  
(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.

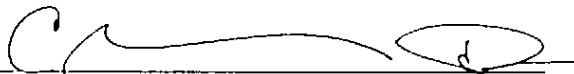
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

An affirmative vote of 80% of the  
voting interests, per article 7 of the  
operating agreement

2024-01-11 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

Charles L. Goldsmith  
Printed Name

**FILING FEE: \$25.00**