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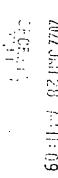
(Reque	estor's Name))	
(Addre	ess)		
(Addre	ess)		
(City/S	state/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ess Entity Na	me)	
(Docum	ment Number)	
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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01/28/22--01021--009 **25.00



COVER LETTER,

TO: Registration Section Division of Corporations

SUBJECT: Filing N	Notice of LLC Dissolution: CI	HANNELSIDE MANAGEME.	NT LLC
DOCUMENT NU	MBER:		
The enclosed Notic	e of Limited Liability (Company Dissolution and	I fee are submitted for filing.
Please return all cor	rrespondence concerning	this matter to the followi	ng:
Amber Coleman			
	(Name of C	Contact Person)	
Geosam Capital US			
	(Firm	/Company)	
424 Luna Bella Lane, S	Suite 122		
	(Ad	ldress)	
New Smyrna Beach, F	L 32168		
	(City/Stat	e and Zip Code)	
For further informa	tion concerning this matt	ter, please call;	
Amber Coleman		at (386	
(Name of	f Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
■\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$60 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Addres Registration S Division of Co The Centre of 2415 N. Monr	ection orporations

Tallahassee, FL 32303

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

CHANNELSIDE MANAGEMENT LLC

Name of Limit	ted Liability Company:	
Document nun	mber of Limited Liability Company is:	
Date of dissolu	ution was:	
Description of	information that must be included in a written claim:	
Name and addr	ress of Claimant(s):	
General descrip	ntion of basis for claim (e.g. invoice, photographs, etc.), including date, time, and location	of any events
related thereto	establishing basis for claim.	
Mailing addre	ss where claims can be sent: (Claims cannot be sent to the Division of Corporation	ons)
		2022 E.C.
	Geosam Capital US	- 3
	Attn: Corporate Counsel/Legal Representative	- 12 S
	424 Luna Bella Lane. Suite 122	
	New Smyrna Beach, FL 32168	. - 60:11:17
		— · · · · · · · · · · · · · · · · · · ·
A claim again commenced w	ist the above named limited liability company will be barred unless a proceeding within 4 years after the filing of this notice.	jo enforce the claim is
Am	ber Coleman Uldel	
	Printed Name of the Person Filing Signature of the Person	on Filing