L09000007450

| (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



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COVER LETTER

TO: Registration Section Division of Corporations

GSBD & Associates, LLC

SUBJECT:

(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:

| William Gray | |
|---------------------------|--|
| (Name of Person) | |
| (Eign/Carray) | |
| (Firm/Company) | |
| 10399 Stonebridge Blvd | |
| Boca Raton, FL 33498 | |
| (City/State and Zip Code) | |
| | |

For further information concerning this matter, please call:

William Gray

_{31/}561

3509376

(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/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 liabil GSBD & Associates, LLC | ity company is | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------|
| 2. The Articles of Organization | n were filed on $\frac{01/22/20}{}$ | 09 | _ and assigned |
| document number 1.090000 | 07450 | _ | |
| 3. The delayed effective date teffective Note: If the date inserted in tellisted as the document's effective Note: If the date inserted in tellisted as the document's effective date. | his block does not meet the | applicable statutory filing re | 12-31-2018 comment is received for filing) equirements, this date will no |
| 4. A description of occurrence 605.0707, Florida Statutes. (| that resulted in the limi copy 605.0707 on back | ted liability company's dis cover letter). | ssolution pursuant to secti |
| The LLC has been out of busin | ess for over 5 years and ab | andoned by the partners. | |
| There is no real property. The l | business has no monetary v | value. | 19 APR |
| If there are no members, ent activities and affairs: | er the name and address William Gray | of the person appointed t | o wind up the community |
| | | | |
| Signature of an authorized p listed above to wind up the con | person or if there are no appany's activities and af | members, the signature of fairs: | the person appointed and |
| wa G | | William Gray | |
| Signature | | Printed | Name |

FILING FEE: \$25.00