L09000116988

(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



300194387763

02/17/11--01034--015 **43.75

03/18/11--01001--012 **16.25

FILED

11 HAR 16 PH 4:22

SECRETARY OF STATE
ALLAHASSFF, FINBIR.

J. BRYAN

MAR 1 7 2011

EXAMINER

ER Wrong form



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2011

CESAR CAJIGAS GC DEVELOPMENT GROUP LLC 8925 NW 27TH STREET DORAL, FL 33172

SUBJECT: GC DEVELOPMENT GROUP LLC

Ref. Number: L09000116988



We have received your document for GC DEVELOPMENT GROUP LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$16.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 811A00004311

COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	GC DEVELOP	MENT GROUP LL	<u>_</u>
	(Name of	Limited Liability Company)	
The enclosed A	Articles of Dissolution and fee(s) are s	submitted for filing.	
Please return a	II correspondence concerning this ma	tter to the following:	
			•
	CESAR CAJI	GAS	
	./	(Name of Person)	CAR S
	% USA TILE	(Name of Person) AND MARBLE CORPOR	TECRETARY OF STATE OF
		(Firm/Company)	SSEE.
	8925 NW 27	TH STREET	F. 07 5.
		(Address)	- A ROS
	DORAL FL	33/12	Ç.
	DORAL FL	ity/State and Zip Code)	
For further info	ormation concerning this matter, pleas	e call:	•
C	ESAR CATIGAS	at (305) 4/8 (Area Code & Daytime	5 - 8925
	(Name of Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a cho	eck for the following amount:		
\$25.00 Filing	Fee 30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
— ~, #	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
16.2	5 Balance Oue		(additional copy is enclosed)
	MAILING ADDRESS:		RIER ADDRESS:
	Registration Section Division of Corporations	Registration Sec Division of Cor	
	P.O. Box 6327	Clifton Building	g
	Tallahassee, FL 32314	2661 Executive	Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

OLUTION COMPANY went 6009 LLC ros and assigned document number ty company's dissolution pursuant to section LC have ended
and assigned document number ty company's dissolution pursuant to section
ty company's dissolution pursuant to section
·).
LC have ended.
bility company have been paid or discharged. gations and liabilities pursuant to s. 608.4421.
ng its members in accordance with their respective
y court.
n of any judgment, order or decree which may be
hip interests necessary to approve the dissolution:
Printed Name
RICARDO CATIGAS MGR
RICARDO CAJIGAS MGR CESAR CAJIGAS MGRA
1