

L10000000835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

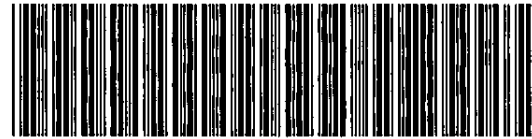
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2014 APR 25 P 5:16  
BOSTON

B. BOSTICK

APR 29 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **GADA GROUP 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:

**GIL ALLOUCHE**

(Name of Person)

**GADA GROUP LLC**

(Firm/Company)

**247 SW 8th. STREET # 41**

(Address)

**MIAMI, FL, 33130**

(City/State and Zip Code)

For further information concerning this matter, please call:

**GIL ALLOUCHE**

(Name of Person)

at **847 261-4002**

(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

2014 MAR 25 PM 5:16

FILED

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

1. The name of a limited liability company is

GADA GROUP LLC

2. The Articles of Organization were filed on 01/05/2010 and assigned

document number L10000000835

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

MEMBERS DECIDED TO EXPLORE DIFFERENT LINE OF BUSINESS AND

THEREFORE, TOOK SEPARATE WAYS.

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

247 SW 8th. STREET #41

MIAMI, FL, 33130

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

GIL ALLOUCHE

Printed Name

FILING FEE: \$25.00

2014 JAN 25 09 16

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2014

GIL ALLOUCHE  
GADA GROUP LLC  
247 SW 8TH STREET #41  
MIAMI, FL 33130

SUBJECT: GADA GROUP LLC  
Ref. Number: L10000000835

We have received your document for GADA GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 114A00001652

2014 JAN 25 P 5:16  
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