

40000015860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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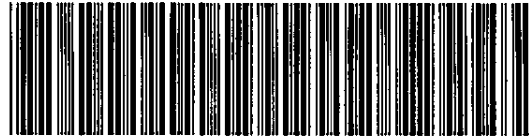
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF REVENUE
DIVISION OF TAX SERVICES

OCT 20 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCM, 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:

P. Tristan Bourgoignie, Esq.

(Name of Person)

TRISTAN BOURGOIGNIE, P.A.

(Firm/Company)

1200 ANASTASIA AVE, SUITE 410

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

P. TRISTAN BOURGOIGNIE

(Name of Person)

at (

305

200 0350

(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

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

1. The name of a limited liability company is

GCM, LLC

2. The Articles of Organization were filed on FEBRUARY 11, 2010 and assigned

document number L10000015860

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).

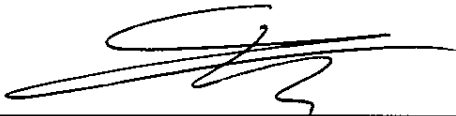
ALL MEMBERS PRESENT AT A DULY ORGANIZED AND NOTICED MEETING OF

THE MEMBERS HELD ON JULY 25, 2014 VOTED FOR THE DISSOLUTION OF

THE COMPANY.

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

CEDRIC MONTAGNANA, MEMBER

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FL 32309

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