4400001244098

(Re	equestor'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:		
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: THE GILDED GYP (Name of Limited)	CSY LLC L10000124698 Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ANNE	FREUND of Person)			
(Firm/Company)				
348 BUTTERCUP CT (Address)				
SONOMAT CA 95476 (City/State and Zip Code)				
For further information concerning this matter, please call:	7A 20			
ANNE FREUND (Name of Person)	at (352) 843-1928 T			
Enclosed is a check for the following amount:	U \$55.00 Filing Fee Certificate of Dissolution:			
\$25,00 Filing Fee and Certificate of Dissolution	S55.00 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 liability	company is
THE G	ILDED GYPSY LLC
	were filed on 12/6/2010 and assigned
document number <u>L10</u>	000 124693
Note: If the date inserted in this	dissolution if not effective on the date of filing: 421 bette cannot be prior to or more than 90 days later than date document is received for filing) block does not meet the applicable statutory filing requirements, this date will not be e date on the Department of State's records.
4. A description of occurrence th 605.0707, Florida Statutes, (co	at resulted in the limited liability company's dissolution pursuant to section py 605.0707 on back cover letter).
CLOSIH	G FLORIDA BUSINESS MOVED
OUT	OF STATE
5. If there are no members, enter	the name and address of the person appointed to wind up the company's
activities and affairs:	ANNE FREUND
-	SONOMA CA 95476
	SONOMA CA 95476
_	
6. Signature of an authorized per listed above to wind up the comp	son or if there are no members, the signature of the person appointed and
a De	ANNE FREUND Printed Name
Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

Name of Limited Liability Company: THE GILDE Document number of Limited Liability Company is: L1000	D GYPJY LLC
Document number of Limited Liability Company is: L1000	00124648
Date of dissolution was: 4/21/16	
Description of information that must be included in a written claim:	
DATE OF PURCHASE Petern of DAM AGED	RECIPT,
Mailing address where claims can be sent: (Claims cannot be sent to ANNE FREUND 348 BUTTERCUP CT 50NOMA CA 95476	APR 25 P WARRASSEE. FLO
A claim against the above named limited liability company will be baclaim is commenced within 4 years after the filing of this notice.	arred unless a proceeding to enforce the
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00