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FEB 02 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Gabby Abbey's LLC (Name of Limited Liability Company)						
(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:						
Denise Bettman- Goldman (Name of Person)						
(Name of Person)						
Gabby Abbry 15 LLC (Firm/Company)						
(Firm/Company)						
14700 Cranberry Ct						
(Address)						
Huples, FC 34/14						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
For further intornation concerning this matter, please can.						
Demsir bettman-Goldman at (239) 777-7754 (Name of Person) (Area Code & Daytime Telephone Number)						
(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: STREET/COURIER ADDRESS:						
Registration Section Registration Section						

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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						
	Gabby Abbey's LL	<u>C</u>					
2.	The Articles of Organization were filed on	22	<u>),, </u>	and as	signed		
	document number <u>L11000047799</u>	<u>}_</u>					
3.	The delayed effective date the dissolution if not eff (effective date cannot be prior to or mo	ective of	on the date 90 days later	e of filing: than date document	is received for filing)		
4. A description of occurrence that resulted in the limited liability company's dissolution pursuar 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).							
	Business Close	∘ તે	5/31	1,5			
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				-			
5	If there are no members, enter the name and addres	s of the	nerson a	prointed to wind	un the company's		
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					OF S	-	
6. lis	Signature of an authorized person or if there are no ted above to wind up the company's activities and a	membe Iffairs:	ers, the si	gnature of the per		igana ig _{ana}	
	Denie Bettmin Coleman Signature	_2	en 150	Bethman.	Goldman		
	Signature			Printed Name			

FILING FEE: \$25.00