

(Requestor's Name)					
(Address)					
(Address)					
(1887)535)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(bocument Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





01/08/23--01008--011 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	Guitar Factory LLC							
3000	(Name of Limited Liability Company)							
	closed Articles of Dissolution and fee(s) are submitted return all correspondence concerning this matter to t							
	Bill Fels							
	(Nam	e of Person)						
	Guitar Factory LLC							
	(Firm	n/Company)						
1029 Hunter Ave.								
	()	Address)						
Orlando Fl. 32804								
(City/State and Zip Code)								
For fu	ther information concerning this matter, please call: (Name of Ferson)	at (407) GLU-476 (Area Code & Daytime Telephone Number)						
	ed is a check for the following amount: (1) \$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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee						

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is GUITAR FACTORY LLC	2023 JAN -6 PM 2: 45
2.	The Articles of Organization were filed on	and assigned STATE
	document number L12000073706	
3.	The delayed effective date the dissolution if not effective on the date of (effective date cannot be prior to or more than 90 days later than Note: If the date inserted in this block does not meet the applicable statutory to listed as the document's effective date on the Department of State's records.	I date accument to received to thing,
4.	A description of occurrence that resulted in the limited liability company 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). RETIREMENT	y's dissolution pursuant to section
_	If there are no members, enter the name and address of the person appoi	nted to wind up the company's
٥.	activities and affairs:	
6. ab	Signature of an authorized person or if there are no members, the signat- pove to wind up the company's activities and affairs:	ure of the person appointed and listed
	17 B 3/1	Tels

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:		
Document number of Limited Liability Company is: L12000073706		
Date of dissolution was: 1/1/2023		ra Sa
Description of information that must be included in a written claim:		
retirement		5
	പ്പസ് പ്പസ	PH 2
	FAIG	ជ្
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corp guitar factory	orations)	
1029 hunter ave		
orlando fl 32804		
		
A claim against the above named limited liability company will be barred unless a proceed claim is commenced within 4 years after the filing of this notice.	ding to enfo	orce the
Bill Fels	Sel	20
Printed Name of the Person Filing Signature of the Person	on Filing	