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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# MAISON GAIA SERVICES 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:

## ROBERTO GONZALEZ

(Name of Person

# **GONZALEZ & PARTNERS CPA**

(Firm/Company)

# 3211 PONCE DE LEON BLVD. STE 200

(Address)

# CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

## ROBERTO GONZALEZ

.,305

4478886

(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)

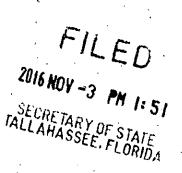
#### MAILING ADDRESS:

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 liabil	ity company is	.0366	
••	MAISON GAIA SERVICES	• • •		
2.	The Articles of Organization	n were filed on and assigned	* ,	
	document number L120000	75503		
3.	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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a listed as the document's effective date on the Department of State's records.			
4.	4. A description of occurrence that resulted in the limited liability company's dissolution pu 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
COMPANY HAS CEASED DOING BUSINESS				
	5. If there are no members, enter the name and address of the person appointed to wind up the com activities and affairs:  NICOLAS CARACCIOLO			
	·	3211 PONCE DE LEON BLV. STE 200	<u></u>	
		CORAL GABLES, FL 33134		
6. lis	Signature of an authorized pated above to wind up the cor	person or if there are no members, the signature of the person appointe npany's activities and affairs:	d and	
\		NICOLAS CARACCIOLO		
	Signature	Printed Name		

FILING FEE: \$25.00