

L 12 6000 87696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

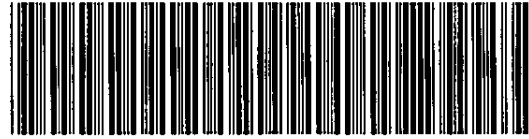
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GI-TAL JET, 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:

MICHAEL J. THOMPSON

(Name of Person)

CARUSO THOMPSON, LLP

(Firm/Company)

51 MOUNT BETHEL ROAD, BOX 4227

(Address)

WARREN, NJ 07059

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. THOMPSON

(Name of Person)

908 668-5100

at (

) (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 liability company is
GI-TAL JET, LLC
2. The Articles of Organization were filed on JUNE 25, 2012 and assigned
document number L12000083696
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).
CONSENT OF MEMBERS TO SELL OFF ASSETS AND PAY OFF ANY AND
ALL LLC DEBTS, OBLIGATIONS, AND LIABILITIES.
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:

X Joseph Maurillo
Signature

JOSEPH MAURILLO
Printed Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP 29 PM 4:43

FILED

FILING FEE: \$25.00