

L12000147033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

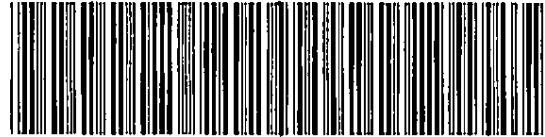
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000437638200

LLC dissolution

FILED
2024 OCT -8 PM 12:41
STATE OF FLORIDA
TALLAHASSEE, FL

A. RAMSEY
OCT 9. 2024

RECEIVED
2024 OCT -8 AM 10:33
STATE OF FLORIDA
TALLAHASSEE, FL

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/08/2024
Acc#I20160000072

en: c SW

| | |
|-------------|---------------------------|
| Name: | GUTTMAN VENTURES TWO, LLC |
| Document #: | |
| Order #: | 15905813 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> |
| | Plain: <input checked="" type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

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| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guttman Ventures Two 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:

AJ Palkovich

(Name of Person)

Rockefeller Capital Management

(Firm/Company)

321 Broadway Suite 300

(Address)

Saratoga Springs, NY 12866

(City/State and Zip Code)

For further information concerning this matter, please call:

AJ Palkovich

(Name of Person)

518

886-3991

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 OCT -8 PM 12 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Guttman Ventures Two, LLC

2. The Articles of Organization were filed on November 21, 2012 and assigned

document number L12000147033

3. The delayed effective date the dissolution if not effective on the date of filing: 10/7/2024
(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 not be listed as the document's effective date on the Department of State's records.

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 all members to dissolve entity that no longer serves any purpose for the members.

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:



Signature

Steven J. Guttman, Manager

Printed Name

FILING FEE: \$25.00