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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2022 JAH 3 F PC 1: 2

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GAZZAK JCCC (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:
Alyknan SHAZHA
(Name of Person)
GAZZAK LCC
(Firm/Company)
714 St. Andrews BIVD
(Address)
CHARICSTON SC 29407
(City/State and Zip Code)
For further information concerning this matter, please call:
ALY SHARIFF at (S43) 364-1435 (Aren Code & Daytime Telephone Number)
(Name of Person) (Aren Code & Daytime Telephone Number)
845
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution
Street Address
<u>Mailing Address:</u> Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 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	
GAZZAK, LLC	
2. The Articles of Organization were filed on 2/25/13 and assigned	
document number <u>L130000 29058</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: 231 (effective date cannot be prior to or more than 90 days later than date document is received) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date listed as the document is effective date on the Department of State is records.	
4. A description of occurrence that resulted in the limited liability company s dissolution pursuant 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).	to section
We are No longer in business. Clo	Ser!
	2022
	_!!!!! 3
	, D
5. If there are no members, enter the name and address of the person appointed to wind up the comactivities and affairs:	pañy s
114. St Andrews BIVD	<u>. </u>
CHARGSZON, SC 2940	2
6. Signature of an authorized person or if there are no members, the signature of the person appoin above to wind up the company's activities and affairs:	——— ted and list
ASYS AWICHANSHAZI	A
Signature Printed Name	

FILING FEE: \$25.00